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# ADMISSION FORM

**COURSE :**

(Please fill the form in CAPITAL letters)

Mr. / Ms. \_\_\_\_\_  
SURNAME FIRST NAME MIDDLE NAME

Address for Communication : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin Code : \_\_\_\_\_

Mobile No.: \_\_\_\_\_ (O) \_\_\_\_\_ (R) \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex : (Male / Female) \_\_\_\_\_

Qualification :

Qualification	Year of Passing	University Insitute / College	% of Marks

If employed, give details :

Name of the Organization : \_\_\_\_\_

Designation : \_\_\_\_\_

Date of Joining : \_\_\_\_\_

Date : \_\_\_\_\_ Place : \_\_\_\_\_ Sign.: \_\_\_\_\_

## For Office Use Only

Center Code : \_\_\_\_\_ Registration No.: \_\_\_\_\_

Batch No.: \_\_\_\_\_ Starting Date : \_\_\_\_\_ Time : \_\_\_\_\_

Admission Taken By : \_\_\_\_\_