



# Indira Gandhi Technological And Medical Sciences University

Established by the Government of Arunachal Pradesh as per Section 2(f) of UGC Act 1956

Ziro-791120, Arunachal Pradesh (INDIA)

Website: [www.igtamsu.ac.in](http://www.igtamsu.ac.in)

Email: [info@igtamsu.ac.in](mailto:info@igtamsu.ac.in)

## APPLICATION FORM FOR ADMISSION

**LL.B. / LL.M. / M.A. / M.Sc. / M.Com. Programme**

Session 2018-19

Form No.....

Please affix your  
recent photograph

### SUBJECT

Subject \_\_\_\_\_

### PERSONAL INFORMATION

Name of Applicant \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Age \_\_\_\_\_ (years)      Date of Birth \_\_\_\_\_ [dd/mm/yyyy]      Gender Male/Female

Adhaar Card No. \_\_\_\_\_      Category General/ST/SC/APST

Physically Handicapped Yes/No      Type of disability \_\_\_\_\_      % of disability \_\_\_\_\_

### CONTACT DETAILS

#### PERMANENT ADDRESS

\_\_\_\_\_

\_\_\_\_\_ City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

#### ADDRESS FOR CORRESPONDENCE

\_\_\_\_\_

\_\_\_\_\_ City/Town \_\_\_\_\_ District \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

#### PHONE NUMBER DETAILS

Landline \_\_\_\_\_ [With Area Code]

Applicant's Mobile No. \_\_\_\_\_ E-MAIL \_\_\_\_\_

### ACADEMIC RECORD

Exam/Degree	Subjects	Institute/University	Year of Passing	% of Marks/CGPA
10+2				
Graduate				
Any other(Pls specify)				

### DECLARATION BY THE APPLICANT

Certified that all information provided by me in the form is correct to the best of my knowledge and belief, I undertake that any wilful misrepresentation of the fact will result in my dismissal from doctoral programme. If admitted, I shall abide by all the rules and regulations of the University.

Date: \_\_\_\_\_

SIGNATURE OF APPLICANT

### CHECKLIST OF THE DOCUMENTS

1. Five additional passport size photograph
2. Original Migration Certificate issued by the University last attended.
3. Copy of 10<sup>th</sup> or equivalent certificate bearing testimony of D.O.B.
4. Copy of Marksheet of 10+2 Examination or equivalent examination
5. Copy of Degree / Original Provisional Degree
6. Copy of Adhaar Card

### FEE PAYMENT

Fee to be paid by Demand Draft in favour of "INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY" PAYABLE AT ZIRO

Amount \_\_\_\_\_ Demand Draft No. \_\_\_\_\_

Drawn upon \_\_\_\_\_ Branch \_\_\_\_\_

Date \_\_\_\_\_

REGISTRAR  
INDIRA GANDHI TECHNOLOGICAL AND  
MEDICAL SCIENCES UNIVERSITY  
ZIRO – 791120 , ARUNACHAL PRADESH