

## APPLICATION FORM

### APPLICATION CUM-REGISTRATION FORM FOR ADMISSION TO DTMA PROGRAMME 2021

Last date for receipt of filled in application: **15<sup>th</sup> March, 2021**

Application No:

D.D.No:   
& Date

Paste here one recent stamp size Photograph duly attested by the Head of the institute/ College last attended or by a Gazetted Officer

*Read the Prospectus and Instructions carefully before filling up the Application form. Incomplete applications will not be considered.*

Category: GEN / OBC / SC / ST / PH

1. Name of the Student (Same as in SSC/Matriculation certificate) in Capital Letters  
Mr./Ms./Mrs. \_\_\_\_\_

2. (a) Father's Name \_\_\_\_\_

(b) Mother's Name \_\_\_\_\_

3. (a) Permanent Address:

3(b) Address for Correspondence

\_\_\_\_\_

\_\_\_\_\_

PIN \_\_\_\_\_

PIN \_\_\_\_\_

Phone/Mobile No. \_\_\_\_\_

Phone/Mobile No. \_\_\_\_\_

E-mail: \_\_\_\_\_

Aadhar Card No. \_\_\_\_\_

4. (a) Date of Birth \_\_\_\_\_

Date

Month

Year

(b) Identification Marks 1) \_\_\_\_\_ 2) \_\_\_\_\_

(c) Nationality \_\_\_\_\_

If Indian, State of Domicile: \_\_\_\_\_

(d) Rural / Urban

(e) Gender: Male / Female

5. Annual Income of the family: (if SC/ST/PH) \_\_\_\_\_

Specimen Signature of the Student (Sign within the box)

Pin Stamp  
Size  
Photograph  
for identity  
Card

6. a) Particulars of past academic record (from Bachelor's degree onwards) [Attach a separate sheet, if the space provided below is not adequate]

S. No.	Name of the Degree	University / College	Month & Year of Passing	Subjects studied & Passed	Maximum Marks	Marks obtained	Percentage	Division
1.								
2.								
3.								
4.								

- b) Previous and Professional Experience after **completion of graduate degree** (each entry here to be supported with service certificate)

S. No.	Designation and Nature of job done	Organization / Institution with Total No. of years worked	From (month & year)	To (month & year)

### DECLARATION BY THE APPLICANT

I, hereby declare that all the information furnished by me in this application and in the documents I have submitted in support of my application are true, complete and correct to the best of my knowledge and belief.

Place:

Date:

Signature of the Candidate

## FOR SPONSORED CANDIDATES

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Application of Mr./Ms./Dr. \_\_\_\_\_ is  
Forwarded for consideration. The full fee for the programme will be deposited on his /  
her admission.

Name	
Designation	
Place	
Organization	
Address	
Date	
Seal	

**Note:** Application form can be downloaded from <https://www.naarm.org.in> and sent by  
email to [pgsunit@naarm.org.in](mailto:pgsunit@naarm.org.in).