



The Director,
JIMS, Rohini,
Delhi-110085

Sub: Request for the Management Quota Seats

- 1) Student's Name (in Capital letters) _____
- (2) Course _____ 3) Shift: I/II _____.
- (4) CET Rank _____ (5) CET Roll No. _____ DOB: _____
- (6) Percentage in 10th class _____, (7) 12th class _____ (8) Graduation _____
- (9) Qualified Exam Name _____, (10) Sex (Male/Female) _____
- (11) Student's Mobile No: _____ (12) Student's Mail Id: _____
- (13) Father's Name (in Capital letters) _____
- (14) Mother's Name (in Capital letters) _____
- (15) Father's Occupation _____ (16) Mobile No _____
- (17) Mother's Occupation _____ (18) Mobile No _____
- (19) Residential Address _____
- _____
- (20) Tel (Res): _____

Date: ___/___/2018

Signature of Student

Note: Hardcopy or scanned copy can be submitted in person or through email at admission-ip@jimsindia.org along with documents like copy of Rank, XIIth/Graduation Marksheet.