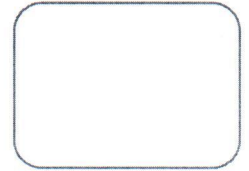




INDIAN MARITIME UNIVERSITY
(A Central University, Govt. of India)
SCHOOL OF MARITIME MANAGEMENT
CHENNAI CAMPUS 600 119



M.B.A. in International Transportation & Logistics Management
Batch 12 (2020-22)
DECLARATION FORM

1.	Name of the Candidate (in Caps)	
2.	Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
3.	Admission Rank No.	
4.	Date of Birth & Age	
5.	Blood Group	
6.	Father/ Guardian Name	
6.	Address for Communication with Pincode	
7.	E-mail ID	
8.	Mobile Number - Student	
9.	Mobile /Telephone No. - Father/Guardian	
10.	Contact Number for Emergency	
11.	Blood Group	
12.	Category	SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OBC NCL <input type="checkbox"/> General <input type="checkbox"/> EWS <input type="checkbox"/>
13.	Nationality / Religion / Caste	
14.	Details of Educational Qualification:	
a)	Name of the Degree	
b)	Name of the University	

c)	Year of Passing	
d)	Details of Degree Marks	Max. Marks : Marks Obtained: Percentage of Marks :.....
15.	Attach the following original certificates / documents serially put tick marks in box against the name of the certificate attached	
a)	Allotment Letter	<input type="checkbox"/>
b)	SSLC (10 th) Certificate & Mark Sheet	<input type="checkbox"/>
c)	HSC (12 th) Certificate & Mark Sheet	<input type="checkbox"/>
d)	Degree (UG) – Mark sheet	
	Semester 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/>	
	5. <input type="checkbox"/> 6. <input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/>	
e)	Consolidated Mark List	<input type="checkbox"/>
f)	Degree (UG) – Certificate	<input type="checkbox"/> Provisional <input type="checkbox"/>
g)	Category Certificate	<input type="checkbox"/>
h)	Transfer Certificate	<input type="checkbox"/> Migration Certificate <input type="checkbox"/>
i)	Medical Fitness Certificate	<input type="checkbox"/>
j)	Passport Size Photo (03 copies) (Other than the one to be fixed on the first page)	<input type="checkbox"/>
16.	Whether Hostel Accommodation Required? (only for Girl Students) (Accommodation will be provided subject to availability)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Declaration

I hereby declare that all the information furnished above is true to the best of my knowledge and belief. If any information furnished above is false/ incorrect. I am held responsible which may lead to cancellation of my admission at any time thereof.

Date:

Signature of the Candidate

Sl.No.	Particulars				
01.	Name of the Student				
02.	Aadhar No.				
03.	Proof of Age (Birth Certificate)				
04.	Community Certificate (SC)				
05.	<u>10th English</u> Maximum Marks Mark Scored 10 th English %	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
06.	<u>12TH English</u> Maximum Marks Mark Scored 12 th English %	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
07.	<u>UG English</u> Maximum Marks Mark Scored in %	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
10.	<u>UG Overall</u> Maximum Marks Mark Scored Overall Average %	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
11.	<u>Physical Fitness (RMP)</u> Doctor Certificate				

Verification Officer:

Name of the Faculty:

Signature of the Faculty

BANK DETAILS

I SEMESTER FEE

- (a) Name of the Bank :
- (b) Demand Draft No. :
- (c) Demand Draft Date :
- (d) Amount Rs. :
- (e) Remarks :

CAUTION DEPOSIT

- (a) Name of the Bank :
- (b) Demand Draft No. :
- (c) Demand Draft Date :
- (d) Amount Rs. :
- (e) Remarks :

Signature of the Student

Verified by Accounts Dept.

Date:

Place: