IMPS DIRECT ADMISSSION TEST -2018

REGISTRATION FORM

For Office Use Only

Roll No. | | | | | | |

Exam Center : _____

Date :

Time:

1. Candidate's Name (in Capital letter)

2. Guardian's Name (in Capital letter)

3. Guardian's Contact No.

4. Address:

5. Candidate's Contact Number:

6. Date of Birth:

D D / M M / Y Y Y Y

7. Sex: (Please tick) Male ☐ Female ☐

8. Physicaly Handicapped Yes ☐ No ☐

9. Nationality:

10. Category: (Please tick)

GEN ☐ SC ☐ ST ☐ OBC ☐

11. Class X Board: (Please tick)

WBBSE ☐ ICSE ☐ CBSE ☐

12.Name of School,Last Attended

13. Year of Passing/appearing Class XII

_____

(Signature of the Student)

IMPS DIRECT ADMISSION TEST-2018

ADMIT CARD

(For Office Use Only)

Name : _____

Exam Center :_____

Roll Number : | | | | | | | |

Date :

Time:

Organised by:

Authorised Signature

IMPS Polytechnic College, Jalpaiguri

(Approved by AICTE, Govt. Of India and Affiliated to WBSCT&VE&SD, Govt. of West Bengal)

Raninagar, Jalpaiguri Web: impspolytech.com E-Mail impsptcjal@gmail.com

Contact No: +91-8116787186 / +91-8509249386 / +91-9547847591 / +91-8906620690

Students can directly send the form vai e-Mail- admissiontest.imps@gmail.com…