

NATIONAL INSTITUTE OF MITHILA ART

DIGHI WEST , NEAR EURO KIDS SCHOOL ,DARBHANGA – 846004 , BIHAR

Certificate Course Admission Form

Image

1. Name: (As in SSC/HSC certificate)
2. Date of Birth (Attach Date of Birth Proof) 3. Application Form No.....
4. Nationality 5. Religion 6. Marital Status: Married Unmarried
7. Gender Male Female 8. Minority: Yes No
9. Handicapped:(Applicable/NA) Physically Visually 10. Medium of Study

11. Educational Information and Documents Attachment (Tick the following)

Sr. No	Examination	Attested Copies	Year of Passing	Marks Obtained	%
1.	X (Marksheet / Certificate)				
2.	XII (Marksheet / Certificate)				
3.	Other				

12. Name of the School Studied
13. Name of the College Studied
14. Student Mob. No.:..... E mail Id:.....
15. Father's Name: Mob. No. Sign
16. Mother's Name: Mob. No. Sign

17. Job Description

Job	Employed /Self	Designation	Duration	Salary/Income
Father				
Mother				

18. Aadhar No. Pan No.
19. Permanent Address:
-
- City.....State.....Pin Code:.....Tel. No.
20. Address for Correspondence:.....
-
- City.....State.....Pin Code:.....Tel. No.

21. Languages Known (Tick Yes or Not)

1	English	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Hindi	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Maithili	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22. Hobbies/Interests

23. Work Experience and Duration (Specify):

24. Health Information if any (Specify):

25. Whether a person with Disability :

26. References

1)Name: _____ Relationship _____

E. mail Id.: _____ Mobile No: (+.....)

2) Name: _____ Relationship _____

E. mail Id.: _____ Mobile No: (+.....)

Declaration:

ID/o S/o hereby declare that

1. I accept & agree to follow and able by the rules and regulations of the Institute
2. I shall not indulge in any matter that come under ragging with any fellow mates, staff or faculty members as individual or in a group
3. Incase I am found disobeying the rules & regulations at any time, the Institute authority has the right take a disciplinary action against me, which could either lead to the extent of rustication from the institute authority in such matter.
4. I and my parents/guardian shall be responsible for the payment of all the fees & other charges / fines whenever demanded
5. I shall abide by the examination rules and shall proceed accordingly.
6. I shall not use mobile, and other electronic and media based gadgets which are whenever prohibited by the institute.
7. I shall hereby declare that National Institute Of Mithila Art shall not be responsible for any mishappening on my part during the course of my study (on campus of off campus) in the Institute/Industrial visits/Trainings/Tours/Transport etc. I and also my dependents or next of kin in such a case shall not claim my compensation for my damages or disability.

Date:.....

Place :

Signature of the Student

UNDERTAKING TO BE SIGNED BY THE PARENT /GUARDIAN

I do hereby solemnly affirm and undertake that

1. My Son / Daughter / Wifehas submitted this application form for admission in academics at NIMA with my permission and that I shall be responsible for his/her good conduct as a student of the institute and adhere to the provisions of the National Institute Of Mithila Art Ordinances / Rules and Regulations / Orders / Decisions etc.
2. I also declare that non case has been pending against my son / daughter in Civil / Criminal court of the Country.
3. I endorse all sorts of undertaking by my son/daughter

Date:

Place:

Signature of the Father/Guardian

Signature of the Mother/Guardian