



All India Institute of Technology and Management

Chennai, Tamil Nadu, India

ENROLLMENT FORM

Enrollment No.
(For Office use only)

AFFIX YOUR
SELF ATTESTED
RECENT COLOUR
PHOTOGRAPH
HERE.

To be filled in by Candidate neatly and legibly in his/her own handwriting.

1. Name of Program _____ Code _____

2. Name of Year _____

3. Admission Office _____ Code _____

4. Admission Category*

Fresh Learner Open Education Lateral Entry Bridge Course Re-admission

5. Name in full (in BLOCK letters) in English

6. Father's Name (in English)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Mother's Name (in English)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8. Permanent Postal Address (in full)

9. Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

10. Email ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

11. Name of Last Qualification (As per Eligibility rules)

12. Sex* Male Female

13. Date of Birth

14. Nationality* Indian Other

15. Category* General SC ST OBC PH

17. Programme Fee _____ Course Fee _____ Fee Paid _____ To pay _____

Tick the appropriate box only.

Signature of the Candidate