

Serial Number.....

Date of Admission.....

Roll Number.....



(To be filled-up by IGTAMSU Officials)

# INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ARUNACHAL PRADESH

*Established under the Indira Gandhi Technological and Medical Sciences University Arunachal Pradesh Act 2012, Government of Arunachal Pradesh*

Headquarters : Ziro - 791120, Lower Subansiri District, Arunachal Pradesh

Website : [igtamsu.ac.in](http://igtamsu.ac.in) ● Email : [indiragandhitechmeduniversity@gmail.com](mailto:indiragandhitechmeduniversity@gmail.com)

Website : [indiragandhiuniversity.in](http://indiragandhiuniversity.in) ● Email : [indiragandhiuniversity@gmail.com](mailto:indiragandhiuniversity@gmail.com)

Choice for the Course :

Paste your  
Stamp Size  
Photo and  
attach three  
photographs  
for ID Card  
and records.

## ADMISSION FORM

Name of the Student.....

Date of Birth.....

Nationality.....

Father's Name.....

Mother's Name.....

Present Address.....

Permanent Address.....

Email Address.....

Telephone / Mobile / WhatsApp.....

Educational Qualification.....

*(Mention all qualification from Class X onwards)*

*(Attach all details from High School / Higher Secondary / College University wherever the student has studied)*

*(Attach separate sheets or statements and documents wherever required)*

Details of Payment.....

### UNDERTAKING

I hereby declare that the information mentioned above is true to the best of my knowledge and belief and that I will get admitted after paying the required admission, registration and tuition fee after getting the selection letter from the university.

Date.....

Place.....

Signature of the Student