



ASCEND

INSTITUTE OF MANAGEMENT & ENGINEERING

CME Society's
Govt. Regd. No.14/12

1. Full Name in Block Letters :

(First Name)

(Middle Name)

(Last Name)

Photo

2. Father's / Husband's Name :

(First Name)

(Middle Name)

(Last Name)

3. Gender : Marital Status

4. Date of Birth

5. Address :

6. City : Pin Code :

7. State : Nationality :

8. Tel. No. : (Res.)

(Mob.)

Email : _____

9. Course : _____

Specialization 1 : _____

Specialization 2 : _____

10. Academic Details :

Last Qualification	Name of the Institute / College / School / University	Passing Year	Results Grades / Percentage



11. Work Experience (most recent one) : _____

Total Experience : Year : Month : Current Organization : _____

12. Exam Option : From Home Exam Center Online

13. Total Fees Rs. : _____ In words : _____

14. DECLARATION BY THE CANDIDATE :

I _____ certify that all information provided on this application form is complete and accurate. I agree to familiarize myself with all the rules and regulations of the autonomous program set forth by AIME and abide by them. I would uphold the standard and respect the principles of AIME as an organisation of higher learning. Further, by signing this form I agree and approve that **fees once paid shall not be returned under any circumstance.** I clearly understand the above and am in complete senses while signing this declaration.

Signature : _____ Date : _____

15. DECLARATION BY THE EMPLOYEE / CHANNEL PARTNER :

I _____ Code No. : _____ hereby declare that I have seen the original academic documents of my client _____ and if anything goes wrong in the Process of documentation then I am the person who should be held responsible.

Signature : _____ Date : _____

- Xerox Copy of Mark Memo and Certificates, as proof of all examination passed should be attached.
- For more than one application xerox copy of this application form can be used.
- Fees once paid is non refundable under any circumstance.
- The student will have to pay Rs. 500/- as cheque bounce charges, in case the bank dishonours the cheque due to any reason.

FOR OFFICE USE ONLY

16. EMPLOYEE CHANNEL PARTNER COUNSELING CENTER CENTER CODE

Code No.: _____ Name : _____ Signature : _____

Total Fees Rs.: _____ Total Fees Rs. (In Words) : _____

Scheme : _____ Remark : _____

Enrollment No : _____ Approved By _____ Signature : _____