

FOR THE SESSION – 20.....

**(3 years Diploma Course)
Under the Society of BARSEED**



Website: www.bimt.org.in || Email: bimtpoly@gmail.com

Phone: 8967158821/ 9474747179/ 7864888061/ 6294515804 (Office)

2nd Year

1. Civil Engg.
2. Mechanical Engg.
3. Electrical Engg.
4. Electronics & Telecommunication Engg.

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14. Name of the Local Guardian and Relation with the Applicant (If father is not Guardian)

A. i) Name (Block Letter) : _____

ii) Relation : _____

iii) Address : _____

District _____ State _____ PIN _____

Contact No. : Off. : _____ Res. : _____ Mob. : _____

15. Address

B. i) Present Postal Address of Student : _____

District _____ State _____ PIN _____

ii) Permanent Residential Address of Student: _____

District _____ State _____ PIN _____

16. a) Hostel Accommodation Required : Yes ☐ NO ☐

b) Distance in KM from Residence to College: _____ KM

c) Kanyashree ID.: _____

17. Payment will be made in favour of "BCARE INSTITUTE OF MANAGEMNT & TECHNOLOGY" payable at

a) D.D NO. _____ DATE _____ AMOUNT _____ of

_____ Bank _____ Branch

b) Online Payment through

A/C No- 1620050000505

A/C Name – BCARE INSTITUTE OF MANAGEMENT & TECHNOLOGY

IFSC- PUNB0162020

18. DECLARATION: -

1. I hereby declare that, all the statements made in this application are true, complete and correct to the best of my knowledge and belief and in the event of any information being found false my candidature is liable to be cancelled.

2. I promise to abide by the rules and regulations of the Institution/College and West Bengal State Council of Technical Education strictly.

3. A fine will be charged per month, if the semester fees are not cleared before the commencement of the next semester and I will be liable to pay it.

Any amount paid to the college during admission process or any, is absolutely non refundable.

DATE:

Signature of the Applicant