



NIMS UNIVERSITY

Fully empowered & incorporated as a regular & full-fledged University vide NIMS UNIVERSITY ACT, 2008 duly recognized by Government of India under the provisions of Section 2f & Section 22 of UGC Act, 1956.

FACULTIES: • Medicine • Dentistry • Engineering • Advanced Engg. • Management • Law • Pharmacy • Nursing • Science & Technology • Physiotherapy • Allied Health Sciences • Fashion • Media • Mass Comm. • Hospitality • Aviation • Education • Library Sciences • Physical Education • Films & Television etc. & a *multi-specialty 700-bedded tertiary level Hospital on campus*

DIRECTORATE OF DISTANCE EDUCATION

(Recognized by Joint Committee of UGC-AICTE-DEC, Govt.of India)

9. Educational Qualification:

Name of Exam.	Name of Board	Year	Institution	% Marks

10. Current Employment Details:

(i) Name of the Organization: _____

(ii) Address of the Organization: _____

(iii) Date of Joining: _____ (iv) Present Designation: _____

11. Details of Demand Draft:

D.D. No. Amount (Rs.) Date of Issue

Name of Bank & Branch:

DECLARATION BY THE APPLICANT

- I hereby declare that all particulars stated in this application are true to the best of my knowledge and belief. I have read and understood all the provisions of the prospectus and agree to abide by them in the event of suppression or distortion, if any facts like educational qualification, nationality, study period etc. made in this application form I understand that my admission / registration is liable to be cancelled at any stage. I am fully convinced with all the information given in the information and understood all the rules and regulation.
- That, if admitted to NIMS UNIVERSITY, I shall abide by its rules and regulation
- That, I am aware that for getting admission/ Registration in NIMS UNIVERSITY, fee (Full/Part) and any charges (Full/Part), which I have deposited to the university shall not be refunded on any pre-text.
- That, I know that after the admission formalities are completed, If I want cancellation of my admission due to one or other reason, or if I discontinue my study or request for cancellation of my admission from the course, even though, I have not attended any class, fee/any other charges paid by me will not be refunded to me or any pre-text.



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5. In the event of known commitment / non-compliance of this declaration form, university can take any action

6. Jurisdiction of any dispute shall be Jaipur City, Jaipur only.

Place: _____

Date: _____

Signature of Applicant

Signature of Parent/Guardian

DECLARATION BY COORDINATOR, GUIDANCE AND LEARNING RESOURCE CENTER

I am hereby forwarding the application of the student along with the requisite Demand draft after varying the attached photocopies of testimonials and certificate with their originals. He/she found eligible for admission to the program applied for.

DEGLSC Code: _____

Place: _____

Date: _____

**Signature and Seal of
Coordinator - DEGLRC**

Attached attested photo copies of

- Last qualifying examination mark sheet
- High School Certificate and Mark sheet
- Mark Sheet of Qualifying examination

FOR OFFICE USE ONLY

Application Fee Rs.:

Received in Cash/D.D. vide Receipt No.



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Annual Examination Form

(To be Filled by the Candidate, with the admission form)

DIRECTORATE OF DISTANCE EDUCATION NIMS UNIVERSITY, JAIPUR

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(All entries except Roll Number to be filled in by the candidate.)

Name of Candidate:

Name of Father / Guardian:

Full Postal Address:

.....
.....
.....

Roll No.

Paste recent
Photograph (do
not Staple or
Pin)

Signature attested

Sign. of the candidate in full
(To be taken in the Exam. Hall)

Coordinator of the Exam. Centre

Signature of Candidate in full



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ADMISSION CARD

(All entries except Roll Number to be filled in by the candidate.)

Roll No.

Please admit

Son / Daughter of

at the OPTOMETRY RESEARCH & TRAINING INSTITUTE, BANDA, (U.P.) Centre.

Paste recent Photograph (do not Staple or Pin)

Date:

Controller of Examination
DIRECTORATE OF DISTANCE EDUCATION
NIMS UNIVERSITY, JAIPUR