



IMPS COLLEGE OF ENGINEERING AND TECHNOLOGY



Name of Examination: **DISTRICT LEVEL MOCK JOINT 2019** SL.No.:

Name of the Applicant: _____

Father's / Guardian's Name: _____

Date of Birth: ____/____/____ Gender: (M/F): _____ Caste (UR/ SC/ST/OBC) _____

Present Address: _____

Permanent Address: _____

Applicant's Contact No. Guardian's Contact No:

School (appearing/passed H.S.): _____

Aadhaar Card No. : Email ID: _____

Signature of the Applicant

For office use only
(Admit Card)



IMPS COLLEGE OF ENGINEERING AND TECHNOLOGY

Nityanandapur, Chandipur, Malda, West Bengal 732103

Mob: 9831145497/9434245524

impscet@live.in/www.impscet.net



Name of the applicant: _____ SL.No.

Father's / Guardian's Name: _____

Gender: (M/F) Caste (UR/ SC/ST/OBC) **Name & Address of Examination Centre: -**

Signature of the Applicant

Signature of Authority

IMPS CET

(Candidate Copy)

Name of Examination: **DISTRICT LEVEL MOCK JOINT 2019** SL.No.

Name of the applicant: _____

Father's / Guardian's Name: _____

Gender: (M/F) Caste (UR/ SC/ST/OBC) School: _____

(N.B Admit Card will be issued from "MALDA BOOK FAIR 2019" from IMPS CET Stall)