



Online Application Form
The ICFAI University, Dehradun
Campus-based Programs 2019

Admissions Office:
 The ICFAI University Dehradun,
 Rajwala Road,
 Central Hope Town, Seelqui,
 Dehradun - 249197, Uttarakhand.
 Toll Free number: 1800-699-0787
 Email : admissions@iudehradun.edu.in
 website : www.iudehradun.edu.in

1. PLEASE SELECT THE PROGRAM YOU WISH TO ENROLL

--Select--

2. NAME OF THE CANDIDATE [As it appears in the School certificates]

Prefix : Mr

Name :

(As it appears in the School Certificates)

Browse... No file selected.

Please upload your recent color Photograph (JPG / GIF format only)
 (size 3.5 cm X 4.5 cm)
 (File size not more than 25-30 KB)

3. PERSONAL DETAILS

Date of Birth : Day Month Year

Mobile :

E-mail :

Tel (Res) : STD No. Number

Parent Name :

Address :

City : [select city]

State/UT : [select state]

Pin :

Aadhaar No. :

4. ACADEMIC RECORD: SCHOOL/ COLLEGE

a.	Class	Name of the School/College	City	Board */ University	Group**	Medium of Instruction	Year of Passing	% of Marks
	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	10+2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. SOURCE OF CONTACT

News Paper Article
 News paper/Magazine advertisements
 Social Media
 Website
 FM/TV
 Education Fairs
 Friends
 Events of IUD
 Alumni/Students
 Marketing Officer
 Faculty
 Others

8. AWARDS AND RECOGNITIONS IN ACADEMICS AND SPORTS

List awards, distinctions, honors and scholarships (academic, extracurricular, community services, etc).

Awards	Year	Basis
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. FAMILY BACKGROUND

a. No. of Brothers : No. of Sisters :
 b. Did any of them studied at IUD or any ICFAI Institute: Yes No

b. Parents Info

Father		Mother	
Name	<input type="text"/>	Name	<input type="text"/>
Qualifications	Select <input type="text"/>	Qualifications	Select <input type="text"/>
Annual Salary/Income	<input type="text"/>	Annual Salary/Income	<input type="text"/>

10. MODE OF PAYMENT

Payment Mode :

11. DECLARATION

I hereby declare that the above mentioned information is true to the best of my knowledge and belief.

I Agree