



AIMS TEST FOR MANAGEMENT ADMISSIONS
26th April 2020

PARTICIPATION FORM

The Chairman, ATMA Committee
D No: 6-3-668/10/76, First Floor
Near Sri Kalyana Venkateshwara Temple
Durga Nagar Colony, Punjagutta
Hyderabad 500082.

Date:

Sir,

We are willing to participate in **ATMA-UG ONLINE TEST** and giving below the requested information:

- a. Name of the Institution : _____
- b. Name & Designation
of the Head of the Institution : _____
- c. Full Address of the Institution : _____

- d. Telephone Number(s) : _____
- Email Id (of Head of Instt only) : _____
- Website Address : _____
- e. If affiliated to a University,
Name of the University : _____
- f. Name(s) of the Courses offered
and the year of approval by
AICTE/University : _____

Data of all the students that appeared for the respective exam will be provided without any additional charges to the **Head of the Participating Institution**

We agree to participate in **ATMA-UG** for admission of candidates for the following under- graduate courses in our Institution / Department.

1. _____
2. _____
3. _____
4. _____

Signature of the Head with Seal

Note: Please send the Soft copy of this declaration form to Email: atmaughyderabad@gmail.com