

Affix a Passport size Photo

APPLICATION FOR ADMISSION

PGDM Working Professional Program for the Class 2024 - 26

PERSONAL INFORMATION

FULL NAME: (In block letters) star		ame		
CURRENT ADDRESS	:			
	CITY :	PIN CODE		_ STATE :
Email Id Personal:			_ MOBILE NO. :	
NATIONALITY :			_ RELIGION :	
DOMICILE :		CAST :		SUB CAST :
DOB (DD-MM-YYYY)	:	AGE :		-
GENDER :		MARITALSTATUS :		_

EDUCATIONAL QUALIFICATIONS								
Name of Course	Board/ University	School/ College/ Institute	City	Medium of Instruction	Name of the Degree	GPA	%	Year of Passing
Xth								
XIIth / Diploma								
Graduation Semester VI								
Graduation Semester VIII(Engg)								

Name of Course	Board/ University	School/ College/ Institute	City	Medium of Instruction	Name of the Degree	GPA	%	Year of Passing
Post Graduation /Master Degree								

INDUSTRY WORK	EXPERIENCE (One year After G	raduation Only, P	Please Attach Docu	ments)
Organization Name Starting from latest	Designation	Duration from and to	No of years	Role and Responsibilities	Significant contribution to the Organization

DOCUMENTS	TOBEATTACHED
1.	Copy of Mark sheet X and XII / Diploma,
2.	Copy of all Mark Sheet up to Final Year Graduation Mark sheet
3.	Copy of Convocation Certificate and Degree Passing Certificate
4.	Copy of Post-Graduation / Master degree
5.	Copy of Work Experience Letter, Offer letter and relieving letter
6.	Copy of Marriage Certificate for Female candidate
7.	Copy of gazette of name changed for Female candidate
UNDERTAKIN	G:
will justify the of for my disqual decision taken directly or indi the Institute fro Institute has th	, certify that all the information provided by me in this form is correct y knowledge. I understand and agree that any misrepresentation or omission of facts in my application denial/cancellation of admission. That if it is found to be incorrect at any stage, it is sufficient to cause ification. In such a case my admission may be cancelled and the fees forfeited. I am bound by the by the Admission Committee. I am aware that if I try to influence/pressurize the Admission Committee rectly, this application shall stand rejected. I agree to abide by the Rules and Regulations framed by om time-to-time. I hereby undertake to abide by rules and regulation of Institute, failing which the e right to cancel my admission. Lete form will not be accepted.
Date :	Signature of Candidate: