APPLICATION FORM FOR ADMISSION

For Office Use Only

Program: ............................................. Date of Admission: ...........................................
Amount Paid: ..................................... Receipt No.: .........................................................
Roll No.: ........................................... Deficiency (if any): ...........................................

Signature of Admn. Clerk

Program

PGDM

Admission Test

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<th>CAT</th>
<th>XAT</th>
<th>CMAT</th>
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Signature of Admission Coordinator

Centre for GD & PI

Affix
Passport Size
Colour
Photograph

Name of the Applicant (in Capital letter): ..........................................................

Present Address: ..................................................................................................

Permanent Address: ..........................................................................................

Land Line No. (with STD Code): ................................................................. Email Id.: ..........................................................


AADHAR No.: .................................. PAN No.: .................................. Passport No.: ..................................

Date of Birth: ............................................. Chronic Diseases (if any): .............................................

Father’s Name: ..................................................................................................

Mother’s Name: ..............................................................................................

Father’s/ Mother’s/ Guardian’s Office Address (if any): ..........................................................

Hostel Accommodation Required:    Yes                No           If Yes, AC          Non-AC (Attached Bath) (Common Bath)

Educational Qualification

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<th>Name of Exam</th>
<th>Stream</th>
<th>Year of Passing</th>
<th>Board/ University</th>
<th>Max. Marks</th>
<th>Marks Secured</th>
<th>% of Marks</th>
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DECLARATION BY CANDIDATE

I solemnly declare that the information above are true to the best of my knowledge and belief. Any information detected to be false subsequent to my admission will forfeit my candidature. I bind myself with the rules and regulations laid down by the institute. The authority can take action against me if found guilty of any reason whatsoever. In case of removal/ discontinuity from the program, the fees paid to the institute shall not be claimed for refund.

Date: ........................................ Signature of Candidate