

Application received on

Details of Fee Rs.

Registration No.

Cash/DD No.

(For Office Use Only)

Dated :

Dated

INSTITUTE OF MANAGEMENT & TECHNOLOGY

(Approved by AICTE, Govt. of India & Affiliated to M.D.University. Rohtak)

NBA-AICTE ACCREDITED INSTITUTE

TIGAON ROAD, NEAR SAI DHAM, FARIDABAD – 121002

APPLICATION FOR ADMISSION TO PGDM

Session:

1. Name :

2. Father's Name :

3. Mother's Name :

4. Date of Birth :

5. Nationality :

6. Entrance Exam Univ. Roll No. :

7. Merit List No. :

8. Address for Correspondence :

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..... Pin.

9. Telephone No. :

10. Permanent Home Address :

.....

.....

..... pin.

11. Education Qualification

Examination	School /College /University	Year of Passing	Mark Obtained	% of Marks	Distinction, if any
Matriculation					
10+2					
Graduation					
Any other Exam					

12. Work Experience, if any (Give Details)

FOR PGDM FORM

Sr.No	Organization Name	Year of Joining	Job Profile

15. Tick the appropriate category belong to:
Scheduled Caste (Category A/B)/Scheduled Tribe / Backward Class (Category A/B)/ Physically Handicapped / wards of Military & Para Military Personnel.

16. Are you claiming any weightage for the purpose of merit: **Yes/No**
if yes, give details

17. Whether NRI /NRI Sponsored/Industry Sponsored / Industry and Foreign nationals: **Yes/No**
If yes, mention the category.....

DECLARATION BY THE CANDIDATE

I declare that information submitted in this form is correct to the best of my knowledge and belief, I am conscious That if nay information is found to be incorrect, my admission is liable to be cancelled.

Place :

Date :

Signature of the Candidate

UNDERTAKING BY PARENTS / GUARDIANS

I hereby undertake to pay all the fees & dues of my ward during his/her study in MBA/MCA in this Institute and he/she will not leave the Institute during the course. If he/she do so then I shall pay all the fees & expenditure for the full duration of course. I shall furnish the bank Guarantee for the same.

I shall also be responsible for his/her conduct & behaviour during his/her period of study in this Institute. He/She will not indulge in any such activity which adversely effects the discipline, dignity & honour of the Institute. If any punishment is given for such type of activity, I shall accept, I shall accept the same.

Place :

Date :

Signature of the Parents / Guradian

Admitted

For Office Use :

Eligible or Not

Checked by

DIRECTOR