Toc H INSTITUTE OF SCIENCE & TECHNOLOGY (TIST)



(An ISO 9001:2008 Certified Institution) Arakkunnam P.O., Ernakulam District-682 313, Kerala Tel: 0484 2748388, 2749600 Fax: 0484 2748388 Email: mail@tistcochin.edu.in Website: www.tistcochin.edu.uu



MBA PROGRAMME

APPLICATION FORM –FOR ADMISSION TO 2018-2020 BATCH

This application form should be filled in completely (in capital letters) and submitted with all the required supporting documents. Information furnished by the candidate in this application form is a vital part of the admission process. Therefore, all answers should be accurate and complete. If any information given is found to be incorrect/ incomplete/ false at any stage, the admission granted will be treated as cancelled.

Applicant's Personal Details								
1. Name of Candidate	Affix your Photograph							
2. Gender (Tick the appropriate box)								
Male: Female								
3. Marital Status: (Tick the appropriate box)								
Single Married								
4. Date of Birth:								
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5. Permanent Address								

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Home Phone No:										
Parents/Guardian Mobile No:										
Candidates Mobile No:										
Email id										

6. Address for Communication

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Home/Parent Phone No: Mobile No: Image: Addition of the state																	
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16. Community	15. Religion																
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17. Subcast

18. Please Tick the appropriate

General	
OBC	
Muslim	
SC	
ST	
Ezhava	
Viswakarma	
Kudumbi	
LC	

Academic Record:

Provide complete information on examination marks. Marks stated here must tally with those in the original mark sheets. Percentages should be computed by including all subjects/papers that you took in your exams

	Subject Main	Name of the institution	University/ Board	Month & Year of Passing	% of Marks
Post					
Graduation					
Graduation					
H.S.E					
S.S.L.C					
Others (if any)					

Academic Achievements, if any:

ADDITIONAL QUALIFICATIONS, if any

Type of Qualification	Name of the Institution	Month & Year of Passing	% of Marks

TEST SCORES: (Please list your score for all the competitive entrance tests you have appeared) *Minimum Qualifying Cut off Marks of Entrance Examination shall be 15% for General Category, 10% for SEBC and 7.5% for SC/ST*

Test	est Registration	Score		Month/Year
	Number	Scored	Maximum	
САТ				
СМАТ				
КМАТ				

WORK EXPERIENCE (Mention only full time paid employment. Do not include training/ project work/ work done as integral part of curricular requirements)

Organization	Designation	Duration		Monthly	Reasons
		From(mm/yy)	To(mm/yy)	Remuneration	for leaving

Total period of work experience (in months)

If you are currently employed, please describe briefly your present job including responsibilities and achievements.

OTHER EXPERIENCE (Please mention any Volunteer/ Social work, Events/Workshops/ Projects you have undertaken.)

		Duration	า		Reasons	
Organisation	Designation	From (mm/yy)	To (mm/yy)	Monthly Remuneration	for Leaving	

CANDIDATE PROFILE: Kindly answer the following questions in your own hand writing. You may use one additional page if required.

1. List some of your achievements(Non-academic):

- 2. List three of your strengths and weaknesses:
- 3. Describe a failure or setback in your professional or academic life. How did you overcome this? What, if anything would you do differently if confronted with this situation again?
- 4. Define success. What are the qualities that you consider important to be successful?

5. Give a brief description of your career goals. Explain how this course would help you attain them.

I hereby certify that the above information is true to the best of my knowledge. I authorize TIST and any of its employees to use the information contained in this application in any manner considered necessary for the purpose of admission into its programmes.

Date:

Place:

Signature of the	e Candidate	Signature of the Parent/Guardian
Admitted to	F(OR OFFICE USE ONLY
Details of Fee	:	
Amount Rs.	:	
Receipt	:	Date:
		PRINCIPAL