



**Mailing Address**

Permanent Address	
City	
State	
Pin Code	
E-Mail	
Father's Name	
Occupation	
Office Address	
Tel/Mobile No.	
Mother's Name	
Occupation	
Office Address	
Tel/Mobile No.	

**Academic Qualification**

Qualification	Name of the Institution	Name of the Board/University	Year of Completion	Marks Obtained Aggregate (%)	Degree with Stream Engg./Sc/Commerce/Art/etc.
Secondary (X)					
Sr. Secondary (XII)					
Graduation Degree					
Post-Graduation Degree					
Professional Degree					

\* The Candidate whose results are yet to be declared should produce statement of marks immediately on declaration of his/her results.

Do you require Hostel accommodation? Yes  No  Single Occupancy  Double Occupancy

Do you require Transport facility? Yes  No

**Entrance Exams**

Examination	Date	Reg./ Roll No.	Composite Score	Percentile
AIEEE				
UPTU				
CMAT				
MAT				
CAT				
XAT				
ATMA				
OTHERS				

**Work Experience (if Any)**

Name of Organization	Designation	Period from to	Experience in Year(s)	Emoluments per annum (in Rs. Lacs)

Total Experience (in Year) .....

**Academic/ Professional Awards/Medals/Prizes/Scholarships/Certificates/Honours, etc.** (Excluding those for extra-curricular activities)

Name of the Award	Awarding Institution	Level (State/National)	Basis of Awards	Year

**Major Extra-Curricular Activities/Hobbies**

Activity	Role	Level (State/National)	Year	Honors (if Any)

**Declaration**

I \_\_\_\_\_ certify that all entries made in this application form are true to the best of my knowledge and belief. I fully understand that the offer of admission will be made to me depending on my interest, merit and availability of seats and verification of my original testimonials for obtaining the eligibility. I am willing to produce original certificate in support there of if asked to do so at any stage during the course. I agree to abide by decisions of **IAMR Educational Society** on all matter regarding this application form. I shall not pursue of any other Full-Time programme from any other institution/University during the duration of my program.

Place

Date

.....  
Signature

**Answer these questions (Compulsory)**

a. What are your goals and objectives in life?

b. What are your strengths & weaknesses?

c. How do you think your qualities/strengths would help your batchmates during the course period?

**FOR OFFICE USE ONLY**

**Enclosures Check List** (Incomplete forms will be rejected)

- |   |                          |   |                          |
|---|--------------------------|---|--------------------------|
| (a) Mark Sheet of 10+2 & Graduation.          | <input type="checkbox"/> | (e) SC/ ST/ OBC Certificate.                            | <input type="checkbox"/> |
| (b) Proof of age (Matriculation Certificate). | <input type="checkbox"/> | (f) Copy of Migration Certificate.                      | <input type="checkbox"/> |
| (c) Character Certificate.                    | <input type="checkbox"/> | (g) Copy of Visa and Passport (for NRI and Foreigners). | <input type="checkbox"/> |
| (d) Domicile Certificate / TC.                | <input type="checkbox"/> |   |                          |

**Group Discussion/ Extempore**

Topic: .....

- |                     |   |                 |
|---------------------|---|-----------------|
| A) Body Language    | : | ...../04        |
| B) Flow of Language | : | ...../04        |
| C) Ideas/Concepts   | : | ...../04        |
| D) Assertiveness    | : | ...../04        |
| E) Group Dynamics   | : | ...../04        |
| <b>Total</b>        | : | <b>...../20</b> |

Moderator's Remarks: ..... Moderator's Signature

**Personal Interview**

Student's Quality: .....

Score: CMAT/CAT/MAT/OTHERS(50) ..... GD/Ext. (20)..... Interview (20).....

Academic Record(5) ..... Work Experience (5) ..... Total (100) .....

Remarks: .....

ICC Name: ..... City: ..... Code: .....

Interviewer's Name: .....

Signature of Interviewer

**Final Result**

**Rejected**

**On hold**

**Selected**

Remarks: .....

Signature of Head - Admissions