

INTERNATIONAL INSTITUTE OF MANAGEMENT STUDIES

| Examination Appeared | | | | | | | | | |
|---|--------|--------|-----------|--------------|----------------|-------------|------------------------------|--|--|
| CAT | | | 1. | Please affix | | | | | |
| MAT | | | 2. 3. | | | | your recent passport size | | |
| СМАТ | | | Sr. No. | Programme | Course Applied | 4 | photograph | | |
| ХАТ | | | 1. | PGDM | | | | | |
| ATMA | | | 2. | PGDM Retail | | | | | |
| PERSONAL DETAILS 1. Name (As it appears on the official documents) | | | | | | | | | |
| | | | | | | | | | |
| Surname | | | F | First Name | | Middle Name | | | |
| 2. Married | | Single | | | | | | | |
| 3. Date of Birth (Day / Month / Year) Blood Group | | | | | | | | | |
| 4. Nationality | | | | | | | | | |
| 5. Do you have a Passport? Yes No Expiry Date | | | | | | | | | |
| 6. Father's Name | | | | | | | | | |
| | | | | | | | | | |
| Surname | | | | First Nar | ne | Middle I | Name | | |
| 7. Father's Occupation | | | | | | | | | |
| Company Name | | | | | | | | | |
| | | | | | | | | | |
| 8. Correspondence Ad | ddress | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Pin Code | | | | Те | I. No: | | | | |
| Email: | | | | | | | | | |

| 9. Permanent Address | | | | | | | | | | | |
|----------------------|--|--|--|----|-------|----|--|--|--|--|--|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Pin Code | | | | Те | I. No |): | | | | | |

10. Academic Details

Examination taken (Please list in chronological order including examination with results pending)

| Examination Body/ Board/ University | Name of the Institu- tion/ College/ School | Exam | Date | Subjects/ Specializa- tion | Grade/ Percentage | | |
|--|---|-------|------|-------------------------------|-------------------|--|--|
| | | Month | Year | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

11. Summary of your academics and career objectives (Please attach separate A4 size sheet)

Work Experience

12. Name of the organization _____

| 13. Designation | 14. Duration | 15. Salary Drawn |
|----------------------------|-------------------|------------------|
| Details of Family Business | | |
| 16. Nature of Business | | |
| 17. Annual Turnover | 18. No. Of Employ | /ees |

Declaration by the Applicant

19. I certify that all information provided on this application is complete and accurate. I agree to familiarize myself with all the rules and regulations of the programme set forth by the institute and abide by them. I would uphold the standards and respect the principles of the organization for higher learning.

Signature _____

Date_____