ACADEMY OF MANAGEMENT STUDIES DEHRADUN

Enrollment No.

Γ

APPLICATION FORM

Please tick () the programme			
□ MBA Master in Business Administration	2 years full time	Photograph	
P.G. Diploma In Management	2 years full time		
□ Master of Computer Application	3 years full time		
Bachelor in Business Administration	3 years full time		
Bachelor of Computer Application	3 years full time		
Full Name			
Date of Birth			
Father's Name			
Mother's Name			
Parent's Occupation (In detail)			
Annual Income (family)			
Religion	Nationality		
Please Tick : Caste/Category : Gen , Sex : Male , Female	SC, ST , OBC],	
Address for Correspondence	Permanent Address		

_____Tel _____

_____Tel _____

Educational / Professional Qualification

Examination	Subject	Board / University	Year	Div. & % of Marks
Matriculation				
Senior/Higher Secondary				
Graduation				
Post Graduation				
Professional Qualification				

Experience: Training, Apprentceship & Employment

From	То	Name of Organisation	Designation	Nature of work

Hobbies _____

Name & Address of Two Referees

1._____

2._____

Any Other Pertinent Information :

Note : Please attach copies of testimonials in support of Qualification and Experience.

DECLARATION

I declare that the above particulars supplied by me are correct to the best of my knowledge and will be supported by original documents when asked for. I am also fully aware of the fact that in the event of any information being found incorrect or misleading, my candidature is liable to be cancelled by the institute at any time.

Date _____

Place _____

Signature of Father/Guardian

Signature of the Candidate

FOR OFFICE USE ONLY

1. Application received on _____

2. Eligible/Not Eligible_____