

# Application Form 2015



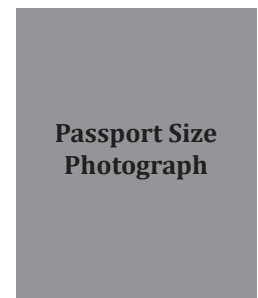
## PROGRAMME PREFERENCE

### Post Graduate Programme

Post Graduate Diploma in Management (PGDM)  
2 year full time programme | AICTE approved

- Please fill the form in capital letters
- Fields in bold are mandatory

## APPLICANT DETAILS



Mr.     Ms.

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Nationality** \_\_\_\_\_ **Country of Domicile** \_\_\_\_\_

**Correspondence Address** \_\_\_\_\_

**Town/City** \_\_\_\_\_ **Tel. (mobile)** \_\_\_\_\_

**Pin** \_\_\_\_\_ **Email** \_\_\_\_\_

**State** \_\_\_\_\_ **Tel. (home)** \_\_\_\_\_

**Country** \_\_\_\_\_ **Blood Group** \_\_\_\_\_

## OTHER INFORMATION

Facebook ID \_\_\_\_\_

Twitter ID \_\_\_\_\_

LinkedIn ID \_\_\_\_\_

## PARENTS DETAILS

**Father's Name** \_\_\_\_\_

Occupation / Profession \_\_\_\_\_

Designation \_\_\_\_\_ Employer Name \_\_\_\_\_

Address (office) \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Pincode \_\_\_\_\_

**Tel. (mobile)** \_\_\_\_\_ **Tel. (office)** \_\_\_\_\_

Email (official) \_\_\_\_\_ Email (personal) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Occupation / Profession \_\_\_\_\_

Designation \_\_\_\_\_ Employer Name \_\_\_\_\_

Address (office) \_\_\_\_\_ Town/City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Pincode \_\_\_\_\_

**Tel. (mobile)** \_\_\_\_\_ **Tel. (office)** \_\_\_\_\_

Email (official) \_\_\_\_\_ Email (personal) \_\_\_\_\_

**RESIDENTIAL / PERMANENT ADDRESS**  Same as correspondence address

**Address (home)** \_\_\_\_\_

**Town/City** \_\_\_\_\_

**State** \_\_\_\_\_

**Pin** \_\_\_\_\_

**Country** \_\_\_\_\_

**Tel. (mobile)** \_\_\_\_\_ **Tel. (home)** \_\_\_\_\_

**Email (personal)** \_\_\_\_\_

## LOCAL GUARDIAN / EMERGENCY CONTACT DETAILS

Mr.  Ms.  Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address (home) \_\_\_\_\_

Town/City \_\_\_\_\_ Tel. (mobile) \_\_\_\_\_

Pin \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_ Tel. (home) \_\_\_\_\_

## SCHOLARSHIP

There are limited number of scholarships available on a merit cum means basis. The final award will be decided by the academic council. If you wish to apply for a scholarship, then please state the reasons below.

\_\_\_\_\_  
\_\_\_\_\_

## ACADEMIC QUALIFICATIONS

Class X<sup>th</sup> (School Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_)

Subject	Year of Passing	Programme Mode	Marks	Grade	Board
		<input type="checkbox"/> Full Time <input type="checkbox"/> Distance Learning <input type="checkbox"/> Open School			

Class XII<sup>th</sup> (School Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_)

Stream	Year of Passing	Programme Mode	Marks	Grade	Board
		<input type="checkbox"/> Full Time <input type="checkbox"/> Distance Learning <input type="checkbox"/> Open School			

Graduation (College / Univ. Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_)

Degree	Stream	Year of Passing	Programme Mode	Marks / Grade	Degree Status
			<input type="checkbox"/> Full Time <input type="checkbox"/> Distance Learning <input type="checkbox"/> Open School		<input type="checkbox"/> Pursuing <input type="checkbox"/> Completed

Other Qualification (College / Univ. Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_)

Degree	Stream	Year of Passing	Programme Mode	Marks / Grade	Degree Status
			<input type="checkbox"/> Full Time <input type="checkbox"/> Distance Learning <input type="checkbox"/> Open School		

## WORK EXPERIENCE

Duration/Year	Organisation	Designation	Last Salary Drawn

**COMPETITIVE ENTRANCE EXAMS** (If applicable. Please submit a copy of the exam score)

Exam	Exam Date (taken / expected)	Language Score	Math Score	Total Score	Total Percentile
CAT					
MAT					
XAT					
GMAT					
CMAT / Others					

How did you hear about ISM programme? (Please tick the appropriate box and specify the exact source name)

- |   |  |
|---|--|
| <input type="checkbox"/> Educational Fair / Exhibition:   | <input type="checkbox"/> Internet (website):             |
| <input type="checkbox"/> Coaching Institute / Agent Name: | <input type="checkbox"/> Newspaper (name):               |
| <input type="checkbox"/> Magazine (name):                 | <input type="checkbox"/> Alumni (name):                  |
| <input type="checkbox"/> Other (specify):                 | <input type="checkbox"/> Current Student (Name & Batch): |

Do you require transportation to campus?  Yes  No

Do you require hostel accommodation?  Yes  No

Your application should be accompanied by the following documents (only photocopies):

1. Class X<sup>th</sup> Certificate
2. Class XII<sup>th</sup> Marksheet
3. Graduation Marksheet (if available)

## OTHER DETAILS

Please answer the following questions

**Hobbies / Interests** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Strengths** \_\_\_\_\_

\_\_\_\_\_

**Weaknesses** \_\_\_\_\_

\_\_\_\_\_

**Achievements / Awards** \_\_\_\_\_

\_\_\_\_\_

**Reason for pursuing the programme** \_\_\_\_\_

\_\_\_\_\_

**Why did you choose ISM?** \_\_\_\_\_

\_\_\_\_\_

**Suffering from any known diseases / allergies** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATION

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail completed application form at the following address:

### Admissions Department

IIMT School of Management (ISM)

Garhi Murli (Garhi Bazidpur), Sohna Road, Gurgaon - 122102, Haryana

Contact No.: 9910159126

Email: [admissions@ism.edu.in](mailto:admissions@ism.edu.in) | [www.ism.edu.in](http://www.ism.edu.in)

## DRAFT / PAYMENT INFORMATION

**Payment by DD/Cheque No.** \_\_\_\_\_ **for ₹1000 drawn on bank** \_\_\_\_\_

\_\_\_\_\_

All cheques and DDs to be drawn in favour of 'IIMT School of Management'