



Application Form

AY 202__ - 2__

Admission Type : ONLINE INSTITUTE LEVEL AGAINST CAP

Course Opted : MMS (2 YEAR FULL TIME) PHD

ABC ID :

Aadhar ID :

Affix
Passport Size
Photograph

Personal Data Information

Surname : First Name :

Father's Name :

Mother's Name :

Category (Open/SC/ST/OBC Etc.) Gender : Male Female

Sub-Category (EWS/TFWS Etc.) Transgender

Date Of Birth : Marital Status : Married Unmarried

Permanent Address Correspondence Address

Phone Number : Email ID :

Alternate No. : Blood Group :

Nationality : Religion :

Sub-caste : PAN Card No. :

Details of Competitive Exams (CET/ATMA/CMAT/MAT/CAT/XAT etc.)

Exam Name	Exam Date	Seat Number	Score	Max Score	Remarks
<input type="text"/>					
<input type="text"/>					

Details of Work Experience (if Any)

Organisation's Name	Portfolio Assumed	Date of Joining	Date of Leaving	Experience (Year & Months)
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

■ Details of Academic Qualifications

Exam Name	Course	Institute's Name	University/ Board	Month & Year of Passing	Percentage
SSC					
HSC/Diploma					
Bachelor's					
Master's					

■ Details of Payment

Mode of Payment (Online/ DD/ Cash/ Cheque)	Amount	DD/ Cheque/ Receipt No.	Bank Name & Branch	Date

■ Details of any other Academic/ Extra curricular Award and Achievements

■ Indicate the Specialisation you would choose in 2nd Year

FINANCE HUMAN RESOURCE MARKETING OPERATIONS

■ Declaration by Candidate and Parents

The information given by me in this application is true to the best of my knowledge and belief. I understand that if any of the statement made by me in the application form or any information supplied by me in connection with my admission is later on at any time, found to be false or incorrect, my admission will be cancelled, fees forfeited and I may be expelled, from the institute by the Director. I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India. I am also aware that it is entirely my responsibility to see the notices, regarding admission schedule on the notice board of the institute. I hereby agree to conform to any Rules, Acts and Laws enforced by government, AICTE, DTE and the Institute and I shall not undertake any act either inside or outside the institute which may result in disciplinary action against me under these rules, acts and laws referred to. I understand that the Director of the Institute has a right to expel me from the institute for any infringement of the rules of conduct and discipline prescribed by the Institute or the University of Government and infringement of the undertaking given below.

I am also fully aware that I will not be allowed to appear for the examination if I do not attend 75% of classes or, if I fail to submit satisfactory all the assignments, project report as specified by the University within stipulated time limit. I undertake and abide myself to pay such fees, charges etc. which Government of Maharashtra / University / Shikshan Shulka Samiti may levy from time to time by due date and in the event of failure on my part, the Director of the Institute may take such action against me as he/she may deem fit. I also undertake to pay the difference in the fees, if the fee structure is revised by the Government from time to time.

Signature Of Student

Signature Of Parent/Guardian

Place :

Parent's Contact :

Date :

Alternate No. :