

Application No.:

**APPLICATION FOR ADMISSION TO THE FIRST YEAR OF
POST GRADUATE DIPLOMA IN MANAGEMENT (P.G.D.M.)**

Rs 1500/-

A.Y. 20 ____ - 20 ____

Affix Recent Passport
Size Photograph

Name of the Candidate (IN BLOCK LETTERS)

Surname

First Name

Father's/Husband's Name

Mother's Name

Present Address

City

Pin Code

State

Tel. No. (R)

Tel.No. (M)

E-mail

Permanent Address

City

Pin Code

State

Tel. No. (R)

Tel.No. (M)

Date of Birth

Age

Years Months

Sex

Marital Status

Married

Unmarried

Nationality

Religion

Caste

Domicile

Mother Tongue

Father's/Mother's Mobile No.

Annual Income

Name of the Organisation
and Place

ACADEMIC PERFORMANCE

Examination	Name of the Degree / Diploma	Institution	University/ Board	Month & Year of Passing	Class/ Grade	% of marks obtained
S.S.C.						
H.S.C. / Diploma						
Bachelor's Degree						
Master's Degree						
Other Degree, if any						

Medium of instruction at school : _____

Entrance Test : _____ Month & Year of the Entrance Test : _____

Score : _____ Percentile : _____

ACADEMIC AWARDS & EXTRA-CURRICULAR ACTIVITIES

Mention the academic awards, significant extra-curricular activities and distinction such as medals, certificates, prizes and scholarships and achievements in sports and cultural events. Entries should be supported by documents.

Work experience (in any): Yes No

Name of the Organisation	Designation	Length of Service		Job Description
		From	To	

INFORMATION ABOUT LOCAL GUARDIAN

Name

Address

City Pin Code

Designation

Name of the Organisation & Address

Tel. No. (R) Tel.No. (M)

Relationship with the applicant

DECLARATION BY THE CANDIDATE

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 will be 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.

I fully understand that the offer of the course will be made to me depending on my merit and availability of seat at the time of scrutiny of my application, when I will actually report to the admission authority according to the schedule of admission. I am aware that the Institute's authority will not make any correspondence with me regarding admission. I am also aware that it is entirely my responsibility to see the notices regarding admission schedule on the notice board and website of the Institute.

I hereby agree to abide by the Rules, Acts and Laws enforced by the government 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 the right to expel me from the Institute for any infringement of the rules of conduct and discipline prescribed by the Institute and Government and infringement of the undertaking given above. I am fully aware that I will not be allowed to appear for the examination if I do not attend 75% of classes. I am also aware that I will not be allowed to appear for the examination if I fail to submit satisfactorily all the assignments and project reports as specified by the Institute within the stipulated time limit.

I undertake and abide myself to pay such fees and charges which the Government of Maharashtra 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.

Place : _____ Signature of the Candidate : _____

Date : _____ Endorsed by Parent / Guardian : _____

FOR OFFICE USE ONLY

One attested copy of the following certificates have to be submitted along with the application

CERTIFICATES CHECKED

Statement of Marks - S. S. C.	<input type="checkbox"/>
Statement of Marks - H. S. C.	<input type="checkbox"/>
Statement of Marks - Bachelor's Degree	<input type="checkbox"/>
Passing Certificate - Bachelor's Degree	<input type="checkbox"/>
Entrance Test Score Card	<input type="checkbox"/>
College Leaving / Transference Certificate	<input type="checkbox"/>
Certificate of Work Experience, if any	<input type="checkbox"/>

Administrative Officer

REMARKS

Admitted / Not admitted : _____ Amount (Rs) : _____

Fees Paid by Cheque / DD : _____ Dated : _____

Receipt No. and Date : _____

Receiver's Signature : _____

Director

RECEIPT OF APPLICATION



Course : _____ P.G.D.M. _____ Application No.: _____

Name of the Applicant : _____

Date : _____ Receiver's Signature : _____