



Zagdu Singh Charitable Trust's (Regd.)

www.timsrmumbai.in

THAKUR INSTITUTE OF MANAGEMENT STUDIES & RESEARCH

(Approved by AICTE, DTE, Govt. of Maharashtra & Affiliated to University of Mumbai)
ISO 21001 : 2018 Certified • Accredited with A+ Grade by NAAC • MMS Programme Accredited by NBA

Application No.:

APPLICATION FORM MASTER OF MANAGEMENT STUDIES (M.M.S.)

A. Y. 20__ - 20__

₹

Affix Recent Passport
Size Photograph
3 cm X 3.5 cm

Linguistic Hindi Minority Quota Others

Name of the Candidate (IN BLOCK LETTERS)

Surname

First Name

Middle Name

Mother's Maiden Name

Father's Name

Present Address

City

Pin Code

State

Phone No. (R)

Mobile No.

E-mail

Permanent Address

City

Pin Code

State

Phone No. (R)

Mobile No.

Date of Birth

D D M M Y Y A A R R

Age

Years

Months

Gender

M

F

Mother Tongue

Marital Status

Married

Unmarried

Nationality

Aadhaar Card No.

State of Domicile

Category (Open/ SC/ ST/ OBC etc.)

Religion

Family Details :

Father's/Mother's/
Spouse's Name

Occupation

Designation

Organisation & Place

Mobile No.

Annual Household Income

₹

Email Id.

ACADEMIC PERFORMANCE

Level of Examination	Name of the Degree / Diploma	Name of the Institution	Name of the University / Board	Month & Year of Passing	Class / Grade	% of Marks obtained	Medium of Instruction
S.S.C.							
H.S.C							
Diploma							
Bachelor's Degree							
Master's Degree							
Other Qualifications (If any)							

MAH-MBA/MMS-CET : Roll No.: _____ Month & Year: _____

Score: _____ Percentile: _____

Other Entrance Exam:

Name of Entrance Exam: _____ Month & Year: _____

Score: _____ Percentile: _____

ABC ID

Anti - Ragging Undertaking Reference Number:

ACADEMIC AWARDS & EXTRA-CURRICULAR ACTIVITIES

Mention the academic awards, significant extra-curricular activities and achievements in sports. Entries should be supported by relevant documents.

Language Proficiency _____

Work Experience (if any) Yes No If yes, give details :

Name of the Organisation & Place	Designation	Period		Job Description
		From	To	

Are you willing to avail hostel facility Yes No

Information of Local Guardian

Name

Address

City Pin Code

Phone No. (R) Mobile No.

E-mail

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 statements 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, University 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 projects 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 and/or University of Mumbai 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.

I understand that my Admission will be provisional until approved by Directorate of Technical Education (DTE), Admission Regulating Authority (ARA) and University of Mumbai (UoM). If the admission is not approved by any of these authorities due to any discrepancy in documents or otherwise, the admission will stand cancelled and I will not be eligible for any refund after cut-off date.

Place: _____ Signature of candidate: _____

Date: _____ Endorsed by Parent / Guardian : _____

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

TICK THE ATTACHED CERTIFICATES

- Statement of Marks - S. S. C.
- Board Certificate - S. S. C.
- Statement of Marks - H. S. C.
- Board Certificate - H. S. C.
- Statement of Marks - Graduation (All Semesters)
- Degree Passing Certificate
- Copy of Entrance Test Score Card (MAH-MBA/MMS-CET/CAT/MAT/XAT/ATMA/CMAT/GMAT)
- College Leaving / Transfer Certificate (If Received)
- Migration Certificate (In case candidate qualifying Examination other than Mumbai University)
- University Verification Letter (In case candidate has graduated from other than Mumbai University)
- Certificate of Caste / Non-Creamy Layer, if applicable
- Affidavit (Hindi minority), if applicable
- Birth Certificate
- Domicile Certificate (if applicable)
- Aadhaar Card Copy
- Copy of CAP Registration Form
- Copy of ABC ID Number
- Any other

FOR OFFICE USE ONLY

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

Fees Paid by Cheque / DD No. : _____ Dated: _____

Bank : _____

Receipt No.: _____ Date : _____

Receiver's Signature: _____

Administrative Officer

Director



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Course: _____ M.M.S. _____ **RECEIPT OF APPLICATION** Application No.: _____

Name of the Applicant: _____

Date: _____ Receiver's Signature: _____

C - Block, Thakur Educational Campus, Shyamnarayan Thakur Marg, Thakur Village, Kandivali (East), Mumbai - 400 101.

Tel.: 022-6730 8201 / 2, 2884 7147 / 445 | Fax: 022-2887 3869 |

Email: timsr@thakureducation.org