INDIAN INSTITUTE OF MANAGEMENT KASHIPUR

APPLICATION FORM

EXECUTIVE POST-GRADUATE PROGRAMME IN MANAGEMENT (2016-2018)

PLEASE NOTE:

- 1. Please use CAPITAL letters where ever required. Use commonly used abbreviations for courses, degrees, certificates, university names, etc., where ever required.
- 2. This form is a key part of the admission process. Complete and accurate information are, therefore, extremely important. Incomplete or false information will make your candidature null and void.
- 3. In all matters relating to admission, the decision of the Institute will be final and binding on the applicants. No correspondence will be entertained from the applicant regarding his/her non-selection.
- 4. You are required to show all relevant testimonials in original at the time of Personal Interview, if you are short-listed for the same.

| APPLICATION FEE DETAILS | Registration Number |
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| AMOUNT Rs. | |
| DEMAND DRAFT NO. | (Leave this space blank) |
| DATED BANK | (Leave this space blank) Paste Recent Photograph (Passport Size) here |
| A1. Name | PERSONAL DATA the Names) (Last Name) |
| A2. Gender Male Female | |
| A3. Date of Birth DD MM YY A4. Age as on 30 th June 2016: Years Months | YYY — |
| A5. Address for correspondence | |
| | PIN |
| A6. E-mail id: | |
| A7. Contact Telephone No. with STD Code | - Phone No Mobile No |
| A8. Annual Income Rs. | A9. Nationality |
| | |

1 of 4

| OBC | gory (Please put X) : : Other Backward C | aste; (Non-Cre | amy) GEN: Gene | eral Category; | SC | ST | OBC | GEN | | PWD | 1 |
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| for he | PWD: Persons With earing impairment; och copy of SC/ST, O | or LD for locor | notor disability/c | erebral palsy. | | | | | □ LV | HI | LD |
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| | | В. | WORK EX | <u>PERIENCE</u> | <u>_</u> | | | | | | |
| B2. List al | Work Experience Il your work expe ing, project work | riences in des | scending order | (latest first) U | Jse mu | ıltiple l | ines as | needed. | (<u>Do n</u> | ot incl | |
| From D/MM/YY) | To (DD/MM/YY) | Total Competed Months and Days | Name of the organisation | Designation (In short) | Ind Ap | nnual come prox. Rs.) | | Brief . | lob Pro | ofile | |
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| * Please b | l oring all work exp | perience cert | ificates at the t | ime of Person | al Inte | rview | if short | -listed f | or the | e same) |). |
| B3. Speci | al Achievements: | | | | | | | | | | |
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C. ACADEMIC QUALIFICATIONS

| Std. | School / Instituti | ion | Board / Uni | versity | Yea | ar npleted | GP A | /Iarks/ A ained | Clas Divis | |
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| $10^{ m th}$ | | | | | | | | | | |
| 12 th | | | | | | | | | | |
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| C2. Bachelo | or's Degree Examin | ation(s): | ARTS | S [| | MMERC RICULT | | | ENCE HERS | , |
| Degree Obtained | Subject/ Specialization | College/Inst | itute | University | | Year comple | ted | % Marl GPA Obtaine | I | Class/ Division |
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| C3. Post-G | raduation Degree/D | iploma (if any | | · I r | 7.00 | MMEDO | NE. | | ENCE | ı |
| | | | | NEERING [| | MMERC RICULT | | | ENCE HERS | , |
| Degree Obtained | Subject/ Specialization | College/Inst | itute | University | | Year comple | ted | % Marl GPA Obtaine | I | Class/ Division |
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| E. WHY SHOULD I DO e state, within the space provided, inter-collegiate, Institute games and sports, cultural, literary and similar other activities E. WHY SHOULD I DO e state, within the space provided, aspects to strengthen your of | THIS PROGRAMME? |
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| e state, within the space provided, aspects to strengthen your c | andidature for this programme. |
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| F. <u>DECLARATION</u> e carefully read the instructions and agree to abide by the decirities regarding my selection for the programme. I certify that | sion of the Indian Institute of Management Ka |
| of my knowledge and belief. I know that at any time if the dature will be cancelled immediately. | |
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| : <u> </u> | |
| | Signature of Applicant |
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| AMINE THIS FORM ONCE AGAIN AND MAKE SURE TI | HAT YOU HAVE COMPLETED ALL THE I |
| WHILE THIS FORM OWEL AGAIN AND MAKE SURE II | IAT TOO HAVE COMPLETED ALL THE I |
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