

PGDM-PT

Number:

2	0	1	7			
<i>To be filled by office</i>						

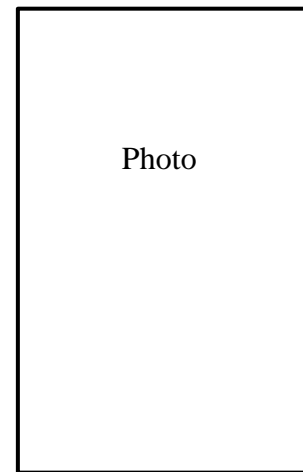
APPLICATION FORM

GOA INSTITUTE OF MANAGEMENT, GOA
Post Graduate Diploma in Management – Part Time 2017-20

1. Name: _____
Surname First Name Middle Name

2. Date of Birth : _____
DD - MM - YYYY

3. Address For Correspondence :



Ph.: _____ Mobile No. : _____
_____ Email id: _____ .

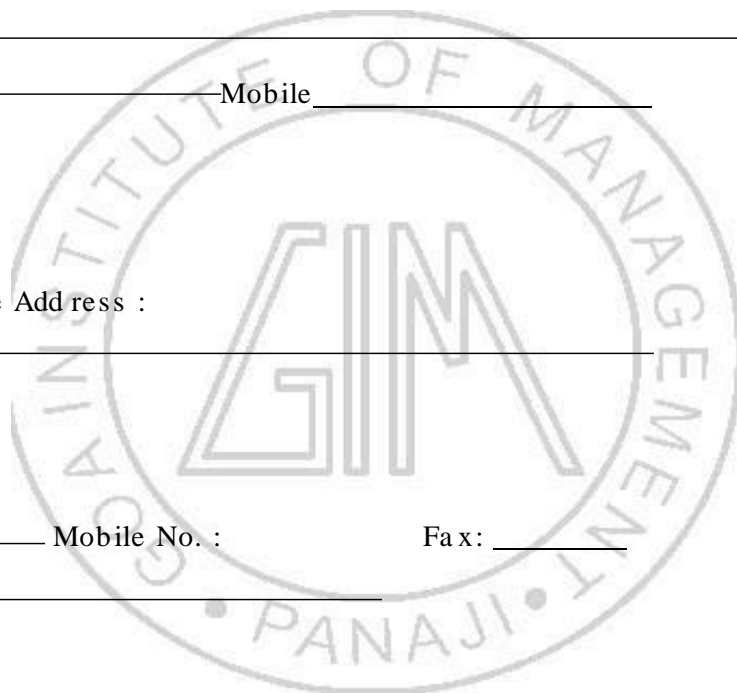
Fax:

4. Permanent Address: _____

Ph. : _____ Mobile _____

5. Work Place Address :

Ph.: _____ Mobile No. : _____ Fax: _____
Email id: _____



6. Educational data (Please give the aggregate percentage obtained)

	Year of Passing	Main Subjects	Name of School/ College/ University	Place / City	Percentage
10 th		NA			
12 th					
College (Degree)					
Others*					

* Other academic Degrees/ Master degree/Diplomas (Please specify).

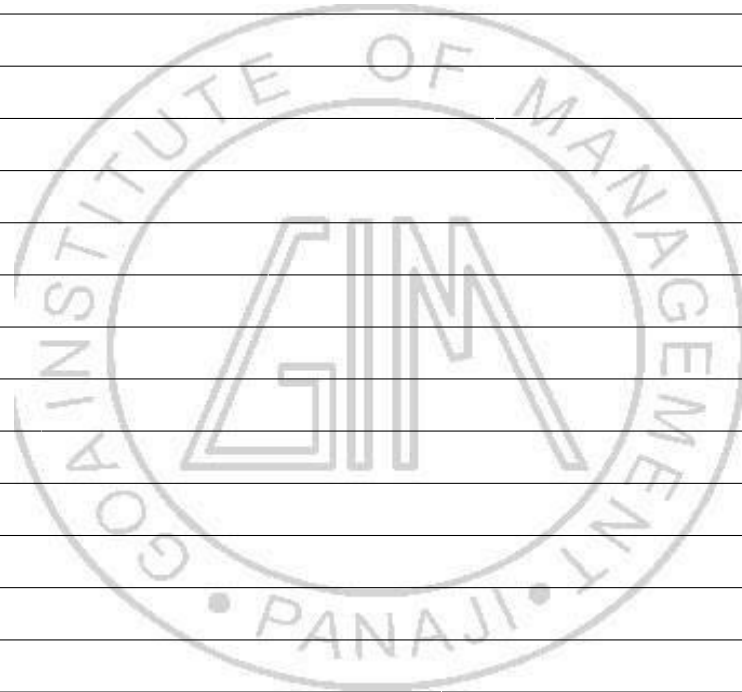
7. Work Experience: (Don't include work experience which is part of your degree requirement) Begin with the current job/ assignment / enterprise

Organization	Place	Nature of Work	From: Month Year	To: Month Year
Total Experience in Years and Months:				

Submit attested copies of the academic and experience certificates along with the form.

8. How did you come to know of Goa institute of management & the program?

9. STATEMENT OF PURPOSE -Why do you want to join this program? How will you and your organization benefit from it? How do you want to develop yourself through this program?



Declaration

(Submitted to Goa Institute of Management, as required for the admission to PGDM-PT)

I, the undersigned, _____ solemnly affirm that:

1. I have a degree recognized by UGC/ AIU/ AICTE.
2. I have at least 50% aggregate marks at graduation.
3. I have enclosed the attested copies of following certificates with my application. (Tick mark)
 - a. 10th
 - b. 12th / Diploma
 - c. Graduation
 - d. Post-Graduation
 - e. Professional Degree/ Diploma
 - i.
 - ii.
 - iii.
4. I have enclosed my work experience certificates (Self declaration in case of entrepreneurs, family managed business) starting from latest.
 - a.
 - b.
 - c.
5. Any other relevant information :

I certify that the information given on the Application Form is true to the best of my knowledge and belief.

Signature: _____

Date: _____

For Office use only:

Application form received on : _____ / _____ / 201 By : Mail / Courier / submitted in person.

Payments received in **DD / Amount:** Rs. _____ Dated ____ / ____ / ____.

Drawn on _____ bank (payable at Panjim, Goa)

Received by: _____ Signature with date: _____

Receipt number: _____ (Receipt Book number _____)

DD / Amount deposited on: _____ / _____ / 201 .

Online Bank Transfer can be made as per details below:

Name of Bank: BANK OF INDIA
Name of A/c holder: GOA INSTITUTE OF MANAGEMENT
Type of A/c: Savings
A/C No. : 102010110004946
IFSC: BKID0001020

IMPORTANT:

* All NEFT/RTGS payment made to GIM should include Student's Name / or GIM ID in the remark column of the NEFT/RTGS Payment.

* In case of payment made through Bank Transfer, you are required to send the details of the transfer to the GIM Accounts Office by email to –

accounts@gim.ac.in, emba@gim.ac.in

Remark of the Admission Committee

The application of this candidate is accepted / rejected for

- 1.
- 2.
- 3.
- 4.
- 5.

Received by account section on: ____ / ____ / 201 by Mr./ _____
Ms.
