

PGDM-PT

Number:

2	0	1	9			
To be filled by office						

APPLICATION FORM

GOA INSTITUTE OF MANAGEMENT, RIBANDAR, GOA
Post Graduate Diploma in Management – Part Time 2019-22

1. Name: _____
Surname First Name Middle Name

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

Age: ____ years ____ months

3. Address For Correspondence :

Ph.: _____ Mobile No. : _____ Fax: _____

Email id: _____.

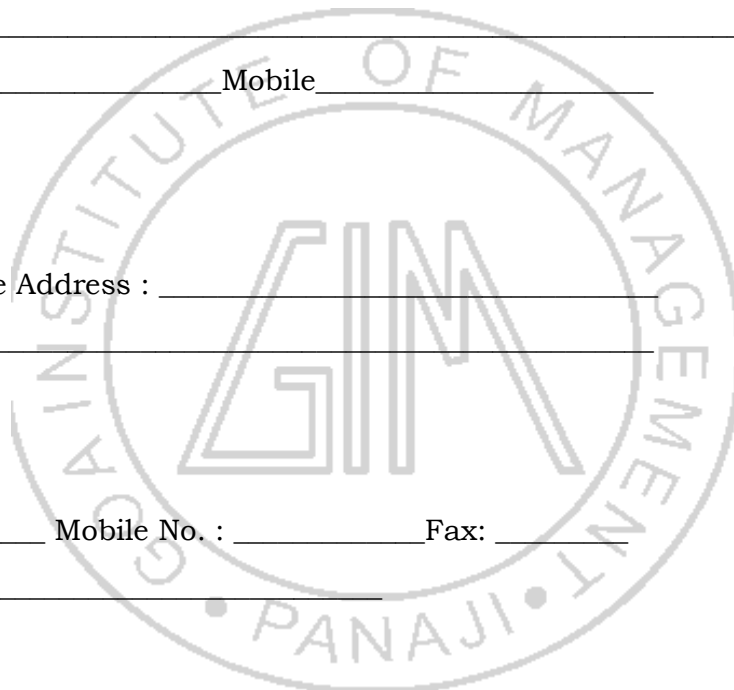
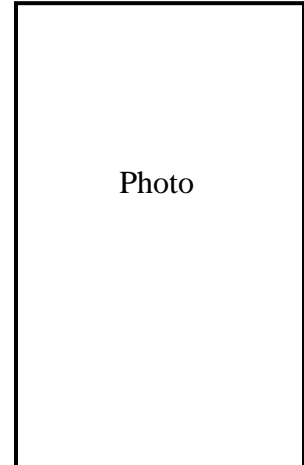
4. Permanent Address: _____

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?

Declaration

(Submitted to Goa Institute of Management Ribandar, 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.

Date: _____ Signature: _____

For Office use only :

Application form received On : ____ / ____ / 201 By : Mail / Courier / submitted in person.

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

Drawn on _____ bank

Received by: _____ Signature with date : _____

Receipt number: _____ (Receipt Book number _____)

DD / cash deposited on : ____ / ____ / 201 .

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

Remark of the Admission Committee

The application of this candidate is accepted / rejected for

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

