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APPLICATION FORM
GOA INSTITUTE OF MANAGEMENT, RIBANDAR, GOA
Post Graduate Diploma in Management – Part time 2013-16
(PGDM-PT)

XAT/CMAT(ID/REGISTRATION NO.): _____

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: _____.

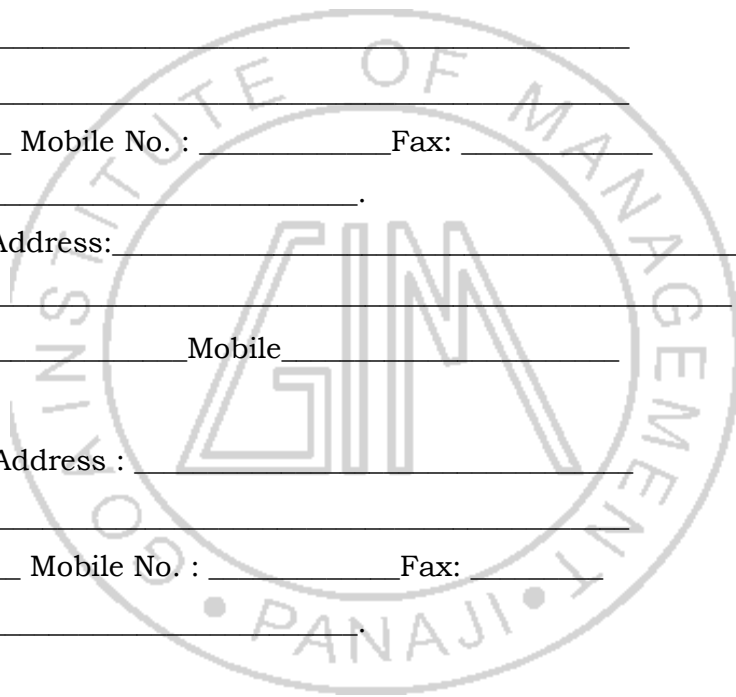
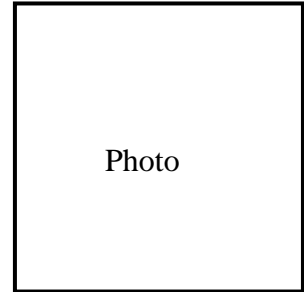
4. Permanent Address: _____

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 Subject	Name of School/College/ University	Place / City	Percentage
High School					
Higher Secondary					
College (Degree)					
Others*					

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

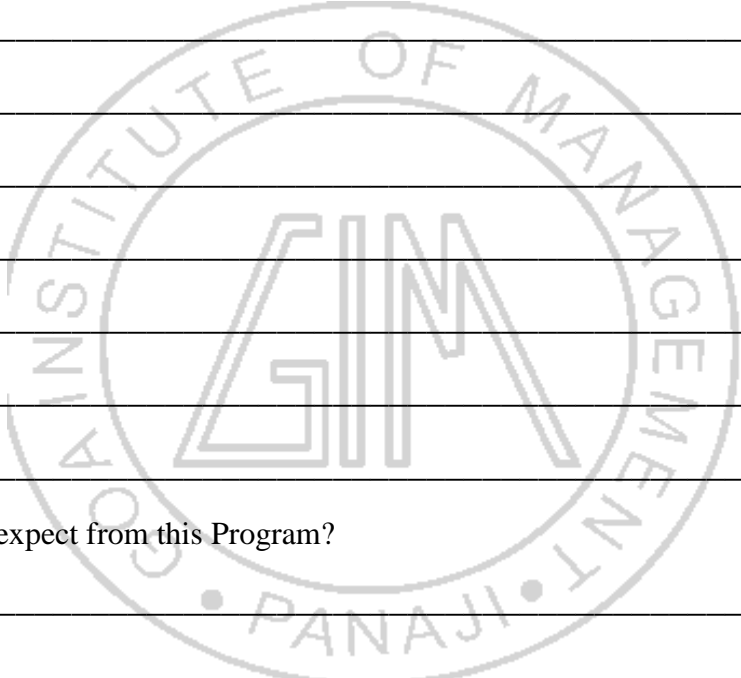
7. Work Experience:(Don't include work experience which is part of your degree requirement)
 Begin with the current job/ assignment / enterprise
Please give only executive/supervisory level work experience.

Organization	Place	Nature of Work	From: Month Year	To: Month Year
Total Experience at Executive/Supervisory level in Years and Months:				

Submit attested copies of the academic and experience certificates along with the form.(P.T.O)

8.How did you come to know of Goa Institute of Management & the Programme?

9.Why do you want to join this programme? How will you and your organization benefit from it?



10.What do you expect from this Program?

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

Date: _____ Signature: _____

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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 three years of full time experience.
4. I have enclosed the attested copies of following certificates with my application. (Tick mark)
 - a. S.S.C.E.
 - b. H.S.S.C. / Diploma
 - c. Graduation
 - d. Post Graduation
 - e. Professional Degree/ Diploma
 - i.
 - ii.
 - iii.
5. I have enclosed my Executive/Supervisory level work experience certificates (Self-declaration in case of entrepreneurs only) starting from latest.
 - a.
 - b.
 - c.
6. 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 : _____ By : Mail / Courier / submitted in person.

Payments received in DD/ Cash

DD amount: Rs. _____ Dated: _____

Drawn on: _____ bank

Received by: _____ Signature with date: _____

Receipt number: _____ (Receipt Book number: _____)

DD / cash deposited on _____

Received by account section on _____ by Mr. / Ms _____

Remarks of the Admission committee

The application of this candidate is accepted / rejected for

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

Signature:

Name:

Date: