

APPLICATION FORM FOR PGDM



JAIPURIA SCHOOL OF BUSINESS

(Approved by AICTE, Ministry of HRD., Govt. of India)
Shakti Khand IV, Indrapuram, Ghaziabad 201 014 (U.P.) India
Phone: 0120-4881100 Mobile : 9717335551
Toll Free No. 1800-103-3488 E-mail: pgdm@jaipuria.edu.in

Paste your
recent
stamp size
coloured
photograph

Form No.:

988

Name Mr./ Ms.

Father's Name

Mother's Name

Father's Profession & Address

Company Name & Address:	
<input type="text"/>	
Designation:	Qualification:
Phone No.:	Mobile No. :
E-mail	

Mother's Profession & Address

Company Name & Address:	
<input type="text"/>	
Designation:	Qualification:
Phone No.:	Mobile No. :
E-mail	

Permanent Address with PIN Code

<input type="text"/>	
Phone No.:	Mobile No. :
E-mail	

Present Address for Communication with PIN Code

<input type="text"/>	
Phone No.:	Mobile No. :
E-mail	

Date of Birth DD MM YY CATEGORY (SC/DT/OBC/GENERAL)

Sex Marital Status Hostel Accommodation Required Yes No

Academic Qualification

Name of Examination	Board/University/Institute	Year of passing	% Marks Obtained/Grade	Main Subject / Stream / Branch
High School				
Intermediate (10+2)				
Graduation				
Any Other				

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Entrance Examination Details

CAT	Roll No. <input style="width: 100%;" type="text"/>	Score <input style="width: 100%;" type="text"/>	Percentile <input style="width: 100%;" type="text"/>
MAT	Roll No. <input style="width: 100%;" type="text"/>	Score <input style="width: 100%;" type="text"/>	Percentile <input style="width: 100%;" type="text"/>
UPSEE	Roll No. <input style="width: 100%;" type="text"/>	Score <input style="width: 100%;" type="text"/>	Rank <input style="width: 100%;" type="text"/>
OTHERS	Roll No. <input style="width: 100%;" type="text"/>	Score <input style="width: 100%;" type="text"/>	Percentile <input style="width: 100%;" type="text"/>

Professional Qualification Experience & Company Name

Period	Name of the Company	Position	Responsibility

How did you find out about Jaipuria School of Business Please specify the source.

Alumni: _____ (name)	Newspaper: _____ (name)
Friend/Relative/Parent: _____ (name)	Magazine: _____ (name)
Website: _____ (name)	Facebook/Google: _____ (name)
Coaching Institute: _____ (name)	Other(s), Pls. specify: _____ (name)

Hobbies & Extra-curricular activities

Signature of Applicant

DECLARATION

I hereby declare that the information given in the application form is true to the best of my knowledge and belief. In any information is found to be wrong, I shall be liable for action. I hold myself responsible for the due and prompt payment of fees.

Signature of Father/Guardian

Signature of Applicant

Date: _____

Name: _____

Name: _____

For Admission Cell use only

Remarks

Admission Councillor <input style="width: 150px;" type="text"/>	Admission Incharge <input style="width: 150px;" type="text"/>
(Name)	

For Office use only

The Candidate is eligible and admission is granted.

Academic Coordinator

Director

For Accounts Office use only

Received as sum of Rs. _____ () vide Draft

No. _____ Dated _____ Down on _____ vide Receipt

No. _____ Dated _____

(Signature of Manager Accounts)

For use of Registrar office

ADMISSION of the Candidate is entered in records and Roll No. _____ is allotted.

Dy. Director Administration

Concerned Official