

# **BHARATHIDASAN INSTITUTE OF MANAGEMENT**

(School of Excellence affiliated to Bharathidasan University)
MHD Campus, BHEL Complex, TIRUCHIRAPPALLI - 620 014, Tamil Nadu.

#### **APPLICATION FORM FOR ADMISSION TO MBA PROGRAMME 2018-2020**

Call No.: BANGALORE Application No.

#### FILL THIS FORM CAREFULLY AND BRING TO THE GD & PI VENUE

Affix Passport Size Photo duly signed across the Photo

#### **PERSONAL INFORMATION**

			Pa	rt - A				
1.	Name (in CAPITAL LETTERS)	:_	(Your	name as ${}_{\scriptscriptstyle \parallel}$	given in t	the last colle	ege studied)	
2.	Age & Date of Birth	:	Age		Day	Month	Year	
3.	Gender	:	Male	Female		ick the appr	opriate Box)	
١.	Marital Status	:	Single	Married		ick the appr	opriate Box)	
	Father's Name & Occupation	: _						
·.	Mother's Name & Occupation	: <u>-</u>						
	Father's / Guardian's Address (If Father / Guardian employed, indicate the designation, name of the organization and the place of work)	: _ - -						
	Pin code	: _					(R)	
	E-mail	: _					Fax No	
•	Applicant's permanent mailing Address (If temporary, indicate the date upto which the address	: _						
	is valid) Pin code	:_						
	Mobile	: _			Ph(	O)	(R)	
	Email	: _				Fax I	No	

9.	(any		o the SC/ST the country)/ CA (Tamil Nadu c	only)/Others	; ;	ВС	ВСМ	MBC	SC	SCA	ST	OTHERS	
	failir	ng which the	Certificate from candidate will be translation must	classified as	s OC. W								
10	. CAT	2017 Overa	ll percentile		: [								
1.	Pr	rincipal/ H.O.I	eived grades instead D./ explaining the instance in the instan		rovide e	equival	ent mar	ks and a					
	Std	Nan	ne of School	Year		ard / ersity		Max ⁄Iarks	Total I Obta		Class / Division	% of Ma	
	Х												
	XII												
2	EX	ACHELOR'S D AMINATION ajor Subject ,	l	: BA/B.S	-	-	-	-	ech/Ot degree	•	pecify)_		
	All	ied Subjects	/ Ancillaries take	n :									
	Ele	ectives		:									
	Tit	le of the Pro	ject	:									
	Ins	stitute / Colle	ege	:									
	Un	iversity		:									
		_	p the marks, tak sion excluding la	=	_	ects in	to acco	ount w	hich ar	e consi	dered f	or the av	var
		Year	From	То		Max. ſ	Marks		Marks	Obtain	ed S	% of Marl	<b>KS</b>
		1 <sup>st</sup> Year											
	:	2 <sup>nd</sup> Year											
		3 <sup>rd</sup> Year											
		4 <sup>th</sup> Year											
			<u> </u>		1			I			1		

SC

Class /	Division Obtained	:				
* Men	tion if results are a	waited				
Have y	ou passed all the e	xaminations in	the first attempt?		Yes	s/No
If No,	how many papers h	ave been repe	ated in the entire o	course? :		_
	ion the number of a					
3. <b>MAST</b>	ER'S DEGREE		A/M.Sc./M.C.A/M.C k the appropriate c		hers (Specify) _	
Institu	te / College	: <u></u>				
Unive	rsity	:				
Year	From	То	Max. Marks	Marks Obtained	% of Marks	No. Of attempts*
1 <sup>st</sup> Year						
2 <sup>nd</sup> Year						
* (Mentio	n the number of ar	rear papers / Si	upplementary Exar	ninations writter	n to complete th	ne course)
	al /a					
(	Class / Division obta	iined	:			
ſ	Mention if results a	re awaited	:			
Attach	a list of courses ta	ken in each yea	ar and the marks ol	otained in each o	course.	
* If res	sults are awaited ei	ther for Bachel	or's Degree / Mast	er's Degree Exar	nination, menti	on expected
date o	f completion of Fin	al Examination	including Practical	Exam / Viva / A	ssignments / Pro	ojects
Month	1		Υ	ear		

ŀ	Have you passed any Professional Examination like ACA / AICWA / ACS / CFA / etc.? Yes/No					
I	f yes, give the Name of the Examination :					
ſ	Marks Obtained in Intermediate / Final Exam :					
	DECLARATION					
	I declare that the information given by me in this application is true and complete in all respects to the best of my knowledge. I have read the eligibility requirements of the MBA programme of the Bharathidasan Institute of Management and I fulfill the eligibility requirements. In case of being found ineligible, I shall forfeit my candidature.  I also declare that the University from which I have received / yet to receive the Graduation Degree and/or Post Graduation has been approved by the University Grants Commissions 1956 under Sec.22(1) which provides that a Degree can be awarded, only by an University established under a Central, State/Provincial Act or an institution deemed to be university under section 3 of the UGC Act or an Institution especially empowered by an Act of Parliament to confer the degree.					
	Place :  Date : Signature of the Applicant					
	CHECK LIST					
	Before submitting this form at the venue of your GD & PI, ensure the following and tick the items you have completed and enclosed.					
	Self-attested Passport size photographs affixed and duly signed across the photo in Part A & Part B					
	Self-attested Photocopy of community certificate for BC/BCM/MBC/SC/SCA/ST candidates (including an English Translation except for the community certificate in Tamil)  Self-attested Photocopy of all Mark Sheets (X Std., XII Std., UG/PG Degree)					
	Self-attested Photocopy of any other Academic records					
	Self-attested Photocopy of work experience certificate, if applicable					
	Self-attested Photocopy of your CAT 2017 score card to be enclosed with this form.					
	You should sign in the space provided in page 4 & 6 of this form.					

4. OTHER PROFESSIONAL QUALIFICATIONS:

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TIRUCHIRAPPALLI - 620 014, Tamil Nadu.

# PERSONAL INFORMATION

Affix Passport Size Photo duly signed across

the Photo

Part - B

1.	Application No.		
2.	Name (in CAPITAL LETTERS)	(Your name as given in the last college s	tudied)
3.	Address		
			_
4.	<ul><li>a) Your Native State</li><li>b) Are you awaiting results?</li><li>c) Are you working as of today?</li></ul>	: : YES / NO : YES / NO	

### 5. Educational Qualification (Bachelor's Degree onwards)

Degree / Qualifying Exam	Year of passing	Institution	Specialization

## 6. Work Experience

			Month 8	& Year	Annual Gross	Reasons for
S.No	Organisation	Designation	From	То	Emoluments	Leaving

Total experience in Months:	Months (	(upto t	the end	ا of ر	January	/ 2018	3)
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7. Interest / Hobbies	
8. Achievements / Awards: if any in Curr	ricular and Extra curricular activities
9. Ambition / Long Term Plan:	
10. Other B-Schools applied for:	
11. Strength & Weakness	
Strength	Weakness
Place :	
Date :	Signature of the Applicant