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С	all No.: Interview	v Cen	tre:	CHENNA	AI	Appl	icati	on No.		
	FILL THIS FORM CAREFULLY		BRING TO			_		A P a	ffix Pa 'hoto c across	ssport Size July signed the Photo
			Par	t - A						
1.	Name (in CAPITAL LETTERS)	:_	(Your n	ame as g	iven in t	he last c	olle	ge stud	lied)	
2.	Age & Date of Birth	:	Age		Day	Mont	h	Yea	r	
3.	Gender	:	Male	Female	(т	ick the a	ppro	opriate	Box)	
4.	Marital Status	:	Single	Married		ick the a	ppro	opriate	Box)	
5.	Father's Name & Occupation	: _								
6.	Mother's Name & Occupation	: _								
	Father's / Guardian's Address (If Father / Guardian employed, indicate the designation, name of the organization and the place of work)	: _								
	Pin code	: _			_Ph(O) _				<u>(</u> 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(0)			(R)	
	Email	: _				F	ax N	o		

Phone: 0431-2521227(D), 2520 502/796 Fax: 0431-2520733 E-mail: admissions@bim.edu, Website: www.bim.edu

9. Do you belong to the SC/ST : (anywhere from the country)/ BC/BCM/MBC/SCA (Tamil Nadu only)/Others?

BC	BCM	MBC	SC	SCA	ST	OTHERS

* Photocopy of Certificate from revenue authorities to be enclosed in case of BC/BCM/MBC/SC/SCA/ST failing which the candidate will be classified as OC. Where the community certificate is not in English, a self-attested English translation must be provided.

10. CAT 2017 Overall percentile



ACADEMIC INFORMATION

(If you have received grades instead of marks, provide equivalent marks and attach a certificate from Registrar/ Principal/ H.O.D./ explaining the method of conversion. Attach self-attested photo copies of the mark sheets).

1. PRE-DEGREE EXAMINATION :

Std	Name of School	Year	Board / University	Max Marks	Total Marks Obtained	Class / Division	% of Marks obtained
x							
XII							

2.	BACHELOR'S DEGREE EXAMINATION Major Subject / Branch	: BA/B.Sc./B.Com/BBA/BCA/BE/B.Tech/Others (Specify) (Tick the appropriate degree) :
	Allied Subjects / Ancillaries taken	:
	Electives	:
	Title of the Project	:
	Institute / College	:
	University	:

While filling up the marks, take only those subjects into account which are considered for the award of Class / Division excluding language papers.

Year	From	То	Max. Marks	Marks Obtained	% of Marks
1 st Year					
2 nd Year					
3 rd Year					
4 th Year					

* Mention if results are awaited

Have you passed all the examinations in the first attempt? Yes/No

If No, how many papers have been repeated in the entire course? : ______

:

(Mention the number of arrear papers / Supplementary Examinations written to complete the course)

3. MASTER'S DEGREE

: M.A/M.Sc./M.C.A/M.Com/M.Tech./Others (Specify) ______ (Tick the appropriate degree)

Institute / College

University

Year	From	То	Max. Marks	Marks Obtained	% of Marks	No. Of attempts*
1 st Year						
2 nd Year						

* (Mention the number of arrear papers / Supplementary Examinations written to complete the course) _____

Class / Division obtained

Mention if results are awaited

Attach a list of courses taken in each year and the marks obtained in each course.

* If results are awaited either for Bachelor's Degree / Master's Degree Examination, mention expected

date of completion of Final Examination including Practical Exam / Viva / Assignments / Projects

Month	

Year _____

:

:_____

4. OTHER PROFESSIONAL QUALIFICATIONS:

Have you passed any Professional Examination like A	CA / AICWA / ACS / CFA / etc.?	Yes/No
If yes, give the Name of the Examination	:	
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

|--|

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.

BHARATHIDASAN INSTITUTE OF MANAGEMENT

TIRUCHIRAPPALLI - 620 014, Tamil Nadu.

PERSONAL INFORMATION

Part - B

Affix Passport Size Photo duly signed across the Photo

- 1. Application No.
- 2. Name (in CAPITAL LETTERS)

(Your name as given in the last college studied)

3. Address

4. a) Your Native State

b) Are you awaiting results? c) Are you working as of today?

: YES / NO : YES / NO

: ____

5. Educational Qualification (Bachelor's Degree onwards)

Degree / Qualifying Exam	Year of passing	Institution	Specialization

6. Work Experience

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

Total experience in Months: _____ Months (upto the end of January 2018)

7. Interest / Hobbies
8. Achievements / Awards: if any in Curricular 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