

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.: | | Interview Centre: | косні | Application No. | |
|-----------|--|-------------------|-------|-----------------|--|
|-----------|--|-------------------|-------|-----------------|--|

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

Affix Passport Size Photo duly signed across the Photo

PERSONAL INFORMATION

| | | | Part - A | | | | |
|----|---|------------|---------------|----------|---------------|---------------|--|
| 1. | Name (in CAPITAL LETTERS) | :_ | (Your name as | given ir | the last coll | ege studied) | |
| 2. | Age & Date of Birth | : | Age | Day | Month | Year | |
| 3. | Gender | : | Male Fema | | Tick the app | ropriate Box) | |
| 4. | Marital Status | : | Single Marri | | Tick the app | ropriate Box) | |
| 5. | Father's Name & Occupation | : _ | | | | | |
| 6. | Mother's Name & Occupation | : <u>-</u> | | | | | |
| 7. | Father's / Guardian's Address (If Father / Guardian employed, indicate the designation, name of the organization and the place of work) | : <u>-</u> | | | | | |
| | Pin code | : _ | | Ph(O) | | (R) | |
| | E-mail | : _ | | | | Fax No | |
| 8. | Applicant's permanent mailing Address (If temporary, indicate the date upto which the address is valid) | : _ | | | | | |
| | Pin code | : _ | | | | | |
| | Mobile | : _ | | Pł | n(O) | (R) | |
| | Email | : _ | | | Fax | No | |
| | Db 0424 2524227/D\ 2520 502/5 | | | | | | |

| 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 of the instan | | rovide e | equival | ent mar | ks and a | | | | | |
| | Std | Nan | ne of School | Year | | ard / ersity | | Max ⁄Iarks | Total I Obta | | Class / | % 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 | KS |
| | | 1 st Year | | | | | | | | | | | |
| | : | 2 nd Year | | | | | | | | | | | |
| | | 3 rd Year | | | | | | | | | | | |
| | | 4 th 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. MAST | 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 st Year | | | | | | |
| 2 nd 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:

BHARATHIDASAN INSTITUTE OF MANAGEMENT

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. | a) Your Native Stateb) 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 |
|-----------------------------|-----------------|-------------|----------------|
| | | | |
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6. Work Experience

| | | | Month 8 | & Year | Annual Gross | Reasons for | |
|------|--------------|-------------|---------|--------|--------------|-------------|--|
| S.No | Organisation | Designation | From | То | Emoluments | Leaving | |
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| Total experience in Months: | Months (| (upto t | the end | ا of ر | January | / 2018 | 3) |
|-----------------------------|----------|---------|---------|--------|---------|--------|----|
|-----------------------------|----------|---------|---------|--------|---------|--------|----|

| 7. Interest / Hobbies | | | |
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| 8. Achievements / Awards: if any in Curr | ricular and Extra curricular activities | | |
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| 9. Ambition / Long Term Plan: | | | |
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| 10. Other B-Schools applied for: | | | |
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| 11. Strength & Weakness | | | |
| Strength | Weakness | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Place : | | | |
| Date : | Signature of the Applicant | | |