



St. Francis Institute of Management and Research

(AICTE AND DTE APPROVED AND AFFILIATED TO MUMBAI UNIVERSITY)

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photo 3.5x2.5

Form No:

ADMISSION FORM

Post Graduate Degree in Master of Management Studies(MMS)

2018 - 2019

To be filled in by the candidate in BLOCK letters in his own handwriting. Please (✓) in box wherever applicable.

1. Name : _____
(Surname) (First Name) (Father's Name) (Mother's Name)
2. a) Date of Birth : _____
(In Figures) (In Words)
b) Place of Birth : _____
(District) (City) (State)
3. Male or Female: _____ 4. Married or Single: _____ 5. Blood Group : _____
6. (a) Nationality : _____ b) Religion : _____ c) Mother Tongue : _____
7. (a) Mobile No.: _____ (b) E-mail Address: _____
8. Do you belong to SC/ST/VJ/NT-1/NT-2/NT-3/OBC/Hindu Maratha/OPEN Category?: _____
Caste: _____ Sub Caste: _____
9. Are you differently abled (physical disability) Yes No
10. Category : 1) Minority 2) ACAP-Minority 3) Institutional Seats 4) CAP 5) ACAP
11. University: A) University of Mumbai B) Other than University of Mumbai in Maharashtra
C) Out of Maharashtra State D) Jammu & Kashmir
Name of University : _____
State : _____
12. **ENTRANCE TEST** : (Please ✓ any One entrance test)
 1. MAH-MBA/MMS-CET 2018
 2. CAT (conducted by IIMs)
 3. MAT 2018 (conducted by AIMA)
 4. ATMA (conducted by AIMS)
 5. XAT (conducted by XLRI)
 6. CMAT 2018 (conducted by AICTE)
 7. GMATa) APPLICATION ID NO: _____ b) ROLL NO: _____ c) Month/Year: _____
d) SCORE : e) PERCENTILE:

13. **ACADEMIC QUALIFICATIONS:**

(a) **Pre-University:**

Name of Examination	Board	Year of Passing	% of Marks	Div./Class
Std X				
Std XII				

(b) **Graduation:**

Name of Examination	University	Year of Passing	% of Marks	Div./Class	CGPA	Grade
First Year of First Sem.						
Second Year or Second Sem.						
Third Year or Third Sem.						
Fourth Sem.						
Fifth Sem.						
Sixth Sem.						
Seventh Sem.						
Eighth Sem.						

*Note: a) In case of CGPA students should give the equivalent percentage. Please attach the applicable conversion scale for reference.
b) Wherever Semester system is applicable please enter all semester marks.*

(c) **Post Graduation/Any Other:**

Name of Examination	University	Year of Passing	% of Marks	Div./Class	CGPA	Grade
First Year of First Sem.						
Second Year						

Note: If there is any break in studies please explain

14. (a) Permanent Address: _____

 Resi. Tel. No.: _____

(b) Mailing Address :(If different from above) : _____

15. **DETAILS OF PARENTS :**

a. Name : Mr. _____ Mrs. _____

b. Educational Qualification : _____

c. Occupation : _____
(Company & Designation)

d. Annual Income : _____

e. Mobile/Landline : _____

16. **WORK EXPERIENCE :** (Attach copies of Experience Certificate)

Name of Organisation	Designation	Tenure		No. of Years & Months	Total Emoluments
		From	To		

17. What is your preferred area of specialization ?

Marketing Finance HR Systems Operations

Reason:

18. **REFERENCES** (mandatory) :

Please give below the name and address of two persons not related to you to whom your application may be referred.

Name :	Name :
Address :	Address :
Tel. No.	Tel. No.

19. If the form is downloaded from the website attach Demand Draft of Rs. 1500/- (Rupees One Thousand Five Hundred only) in favour of St. Francis Institute of Management & Research” payable at Mumbai.

1. Demand Draft No & Date: _____ 2. Bank: _____ 3. Branch: _____

20. DECLARATION TO BE SIGNED BY THE CANDIDATE:

The information given by me in my application is true to the best of my knowledge and belief. I understand that if any of the statements made by me in the application form or any information supplied by me in connection with my admission is later on at any time, found to be false or incorrect, my admission will be cancelled, fees forfeited and I may be expelled from the institute.

I have not been debarred from appearing at any examination held by any Government constituted or statutory examination authority in India.

I am fully aware that the Institute Authority will not make any correspondence with me regarding admission. I am also aware that it is entirely my duty and responsibility to see the notices on the notice board of the college.

I am aware that any rule imposed by the University such as 'imposing limits on the number of attempts permissible to pass any examination' shall be binding on me.

I hereby agree to abide by all Rules, Acts and Laws enforced by the Institute and Government and I hereby undertake that, I will do nothing either inside or outside the Institute which may result in disciplinary action against me under these rules, acts and laws referred to.

I fully understand that the Director of the Institute where I would be admitted has a right to expel me from the Institute for any infringement of the rules of conduct and discipline prescribed by the Institute or University or Government and the undertaking given above.

Conditions of minimum attendance: I am fully aware that, I will not be allowed to appear for the examination if I do not attend 75 percent classes of theory, practicals and projects. I am also aware that I will not be allowed to appear for the examination, if I fail to submit satisfactorily all the assignments, jobs, journals, reports as specified by the competent authority within stipulated time limit.

I am aware that as per DTE rules if I fail to produce results of final year graduation examination on or before cut-off date by DTE then my admission automatically stands cancelled and fees paid will be forfeited.

Place :

Date :

Signature of the Candidate

21. DECLARATION TO BE SIGNED BY THE PARENT / GUARDIAN:

I _____ declare that the particulars furnished by my son/daughter/ward in this application form are correct to the best of my knowledge and belief.

I undertake and bind myself to pay on behalf of my son/daughter/ward such fees, charges etc. which the Institute may levy from time to time, by due date and in the event of default or failure on my part and/or on the part of my son/daughter/ward, the Director of the Institute is at liberty to take such action against my son/daughter/ward, as he may deem fit.

I agree to sign the requisite agreement/bond as prescribed by the Government, if any.

Place :

Date :

Signature of Parent/Guardian

22. **FOR OFFICE USE ONLY:**

1. Fees paid: Cheque/DD No: _____ dt. _____ Bank Name: _____
 Branch Name: _____ Amount: _____

2. Documents Submitted by Candidate on securing admission:

ORIGINAL DOCUMENTS: (P*tick receipt of original documents in box)	Copies	Pending
Entrance Test Score : Card CET <input type="checkbox"/> CMAT <input type="checkbox"/> MAT <input type="checkbox"/> AMTA <input type="checkbox"/> XAT <input type="checkbox"/> CAT <input type="checkbox"/>		
Baptism Certificate <input type="checkbox"/>		
Domicile Certificate <input type="checkbox"/> Birth Cert. <input type="checkbox"/> Disability Cert: <input type="checkbox"/>		
Marks of Std. X <input type="checkbox"/>		
Marks of Std. XII <input type="checkbox"/> Diploma <input type="checkbox"/>		
Degree 1 st yr <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/>		
Convocation <input type="checkbox"/> Passing <input type="checkbox"/>		
Gap Certificate <input type="checkbox"/> M.Com <input type="checkbox"/>		
Aadhar card copy (mandatory) <input type="checkbox"/>		
Migration Certificate <input type="checkbox"/> L/C <input type="checkbox"/> T/C <input type="checkbox"/>		
Verification Report <input type="checkbox"/>		
Caste Certificate <input type="checkbox"/> Caste Validity Certificate <input type="checkbox"/>		
Non Creamy Layer Certificate <input type="checkbox"/>		
Allotment Letter <input type="checkbox"/> FC <input type="checkbox"/>		
Physical Fitness Certificate <input type="checkbox"/> Photographs <input type="checkbox"/>		
Affidavits 1) Anti-Ragging (Parents) <input type="checkbox"/> (Students) <input type="checkbox"/>		
Undertaking regarding non submission of documents <input type="checkbox"/>		
Acknowledgement of Rules & Regulations <input type="checkbox"/>		

Signature of Candidate:

23. **To be filled in at the time of collecting the original documents (i.e. at the end of the course):**

I have received the following original documents:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____

Date: _____ Student's Signature: _____

I have taken the following original documents (State Purpose)

- 1) _____ Returned on: _____
- 2) _____ Returned on: _____
- 3) _____ Returned on: _____
- 4) _____ Returned on: _____