



St. Francis Institute of Management and Research

An Autonomous Institution, Affiliated to University of Mumbai

AICTE AND DTE APPROVED

MMS Programme Accredited by NBA, New Delhi.

Re-Accredited (2nd Cycle) by NAAC 'A+' GRADE, ISO 9001-2015 CERTIFIED

Mount Painsur, S.V.P. Road, Borivali (W), Mumbai 400 103. Tel: 9619499199 / 9619499099

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photo 3.5x2.5

Form No:

ADMISSION FORM Master of Management Studies(MMS)

2025 - 2026

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

- a) Name : _____
(Surname) (First Name) (Father's Name) (Mother's Name)
b) Name in Marathi : _____
(आड नाव) (स्वतःचे नाव) (वडिलांचे नाव) (आईचे नाव)
- a) Date of Birth : _____
(In Figures) (In Words)
b) Place of Birth : _____
(District) (City) (State)
- Gender: _____ 4. Married or Single: _____ 5. Blood Group : _____
- (a) Nationality : _____ b) Religion : _____ c) Mother Tongue : _____
- (a) Mobile No.: _____ (b) E-mail Address: _____
- Do you belong to SC/ST/VJ/DT/NT-1/NT-2/NT-3/OBC/SBC/Hindu Maratha/OPEN Category ? : _____
Caste: _____ Sub Caste: _____
- Guardian's Name _____ Relationship _____ Mobile No. _____
- Are you differently abled (physical disability) Yes ☐ No ☐ If so, please specify _____
- Category : 1) ☐ Minority 2) ☐ ACAP-Minority 3) ☐ Institutional Seats 4) ☐ CAP 5) ☐ ACAP
- 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 : _____
13. **ENTRANCE TEST** : (Please ✓ any One entrance test)
1. MAH-MBA/MMS-CET 2025 ☐ 2. CAT 2024 (conducted by IIMs) ☐
3. CMAT 2025 (conducted by NTA) ☐ 4. OTHERS (GMAT/MAT/ATMA/XAT 2025) ☐
a) CET APPLICATION ID NO: _____ c) Month/Year: _____
d) SCORE : (scored / max. marks) _____ e) PERCENTILE : _____
f) RANK : State _____ All India _____

14. **ACADEMIC QUALIFICATIONS:**

(a) **Pre-University:**

Name of Examination	Board	Year of Passing	% of Marks	Maths Marks
Std X				
Std XII				

(b) **Graduation Stream:**

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

Aggregate %

CGPI

*Note: a) In case of CGPI 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	SGPA	Grade
First Year or First Sem.					
Second Year or Second Sem.					
Third Sem.					
Fourth Sem.					

15. (a) Permanent Address: _____

Resi. Tel. No.: _____

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

16. How did you come to know about the Institute.

(a) Reference, please mention :

(i) Hoarding ☐

(ii) Paper Advertisement ☐

(iii) Social Media ☐

(iv) Any other please mention _____

17. Extracurricular / Co-curricular activities details:

Hobbies & Interest : _____

Computer/other skills : _____

a) MS Access ☐

c) Numerical Ability ☐

b) Excel ☐

d) Calligraphy ☐

Any other skill pls. mention : _____

Languages known : _____

18. Strength/Weakness:

Personal Strength : _____

Personal Weakness : _____

19. **DETAILS OF PARENTS** :

a. Name : Mr. _____ Mrs. _____

b. Educational Qualifications : _____

c. Occupation : _____
(Company & Designation)

d. Annual Income (Mandatory) : _____

e. Mobile/Landline Nos. : _____

f. Email Address : _____

20. **WORK EXPERIENCE :** (Attach copies of Experience Certificates)

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

21. What is your preferred area of specialization ?

Marketing ☐ Finance ☐ HR ☐ IT ☐ Operations ☐

Reason:

Note: Please note that the choice you indicate at this stage is only tentative and does not represent your final specialization. The final allocation of specialization will be determined based on your performance as per the evaluation criteria including an appropriate Aptitude Test conducted by the Institute.

22. **REFERENCES** (mandatory) :

Please give below the name and address of two persons whom the Institute can contact in emergency situation and your application may be referred.

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

23. **Voters ID Card No. :** _____

24. **AADHAR Card No. :** _____

25. **Mumbai University Permanent Reg. No. (PRN) :** _____

26. 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: _____

27. For Boarding Students

Details of Guardian Name: _____ Profession: _____ Contact No. _____
(Preferably in Mumbai)

Email ID: _____ Address: _____

28. 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 Institute.

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 Interaction (Physical & Online) 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, tasks, projects, reports as specified by the competent authority within stipulated time limit.

I am aware that as per DTE/CET Cell/Admission Regulating Authority (ARA) rules if I fail to produce results of final year graduation examination on or before the cut off date specified by DTE/CETCell/ARA then my admission will automatically stand cancelled and fees if paid by me will be refunded as per guidelines stipulated by DTE/CETCell/ARA in their Information brochure. If admission is cancelled after the cut off date specified by DTE/CETCell/ARA then the fees if paid by me will not be refunded & same stand forfeited except library/caution deposit.

Place :

Date :

Signature of the Candidate

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

I _____ hereby state and 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 within 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 and proper.

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

Place :

Date :

Signature of Parent/Guardian

30. **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: (Pl tick receipt of original documents in box)	Copies	Pending
Entrance Test Score : CET <input type="checkbox"/> CAT <input type="checkbox"/> CMAT <input type="checkbox"/> OTHER (MAT/ATMA/XAT/GMAT) <input type="checkbox"/>		
Proforma "O" <input type="checkbox"/> HSC Leaving Certificate <input type="checkbox"/>		
Indian Passport <input type="checkbox"/> Voter's ID Card <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 (Sem) 1 st <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"/>		
Migration Certificate <input type="checkbox"/> L/C <input type="checkbox"/> Digital 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"/>		
DTE Allotment Letter <input type="checkbox"/> Acknowledgment Receipt from FC <input type="checkbox"/>		
Physical Fitness Certificate <input type="checkbox"/> Photographs <input type="checkbox"/>		
Income Certificate for the F.Y. 2024-25		
For Anti-Ragging Affidavit visit below given link: www.antiragging.in		
Undertaking regarding non submission of documents <input type="checkbox"/>		
Acknowledgement of Rules & Regulations <input type="checkbox"/>		

Signature of Candidate:

31. **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 need the following original documents (State Purpose) _____

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