Application No.  

ADMISSION FORM  
POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM)  

20_____ – 20_____

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

1. Name: ____________________________________________________________  
   (As per Degree Marksheets)  
   (Surname)  
   (FirstName)  
   (Father’s/Husband’s Name)  
   (Mother’s Name)  

2. a) Date of Birth (dd/mm/yyyy): ___________  
    b) Place of Birth: ___________________________________  
       (City)  
       (District)  
       (State)  

3. Gender: M  
           F  

4. Marital Status: Single  
                  Married  

5. Blood Group:  

6. Aadhar Card No.:  

7. a) Nationality:  
    b) Religion:  
    c) Mother Tongue:  

8. a) Permanent Address: ____________________________________________________________  
    City_________________________  
    State________________________  
    Pin Code_____________________  
    Resi.Tel. No.:  
    b) Correspondence Address: (If different from above) : ____________________________________________________________  
    City_________________________  
    State________________________  
    Pin Code_____________________  
    Resi.Tel. No.:  

9. a) Mobile Number:  
    b) E-mail Address: _______________________________________________________________  

    Caste:  
    Sub Caste:  

11. ENTRANCE TEST: (Please √ any One entrance test)  
    1. MAH-MBA/MMS-CET 2021  
    2. CAT (conducted by IIMs)  
    3. MAT 2020-2021 (conducted by AIMA)  
    4. ATMA (conducted by AIMS)  
    5. XAT (conducted by XLRI)  
    6. CMAT 2021 (conducted by AICTE)  
    a) REGISTRATION NO._________  
    b) APPLICATION ID NO:_________  
    c) ROLL NO:_________  
    d) MONTH/YEAR:_________  
    e) SCORE:_________  
    f) PERCENTILE:_________  

12. DETAILS OF PARENTS:  
    Father  
    Mother  
    a. Name : Mr.________________________  
             Mrs.________________________  
    b. Educational Qualifications : _________________________________________________  
    c. Occupation  
       (Company & Designation) : _________________________________________________  
    d. Annual Income : ___________________________________________________________  
    e. Mobile/Landline : ___________________________________________________________  
    f. E-mail Address : ___________________________________________________________  

Page 1 of 4
13. Academic Qualifications

(a) Pre-University

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>Board</th>
<th>Year of Passing</th>
<th>Total Marks</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Div. / Class</th>
<th>CGPA</th>
<th>Grade</th>
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</table>

(b) Graduation: Please specify

<table>
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<th>Name of Examination</th>
<th>University</th>
<th>Year of Passing</th>
<th>Total Marks</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Div. / Class</th>
<th>CGPA</th>
<th>Grade</th>
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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: Please specify

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>University</th>
<th>Year of Passing</th>
<th>Total Marks</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Div. / Class</th>
<th>CGPA</th>
<th>Grade</th>
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Note: a) If there is any break in studies please explain.

(d) Any Other: Please specify

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>University</th>
<th>Year of Passing</th>
<th>Total Marks</th>
<th>Marks obtained</th>
<th>% of Marks</th>
<th>Div. / Class</th>
<th>CGPA</th>
<th>Grade</th>
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</table>

Note: a) If there is any break in studies please explain.

14. Work Experience : Attach copies of Experience Certificate

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Designation</th>
<th>Tenure From</th>
<th>To</th>
<th>Experience Years &amp; Months</th>
<th>Job Description</th>
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15. How did you come to know about the Programme ?

1. Word of Mouth
2. Newspaper Advt. / Hand Bill
3. Friends
4. Others

(Pl. Specify)
16. Extracurricular / Co-curricular activities details:

Hobbies & Interest : ____________________________

Computer skills : ____________________________

Languages known : ____________________________

17. Strength/Weakness:

Personal Strength : ____________________________

Personal Weakness : ____________________________

18. Payment of form: Cheque □ Cash □ D/D □

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

1. Demand Draft No.:______________________

2. Date: ______________

3. Amount: Rs. 1500/-

4. Bank: __________________________________

5. Branch: ______________

❖ DECLARATION 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 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 incorrect, my admission will be cancelled, fees paid will be forfeited and I may be expelled from the institute.

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

I am aware that any rule enforced by the Institute authority or any government authority such as ‘number of attempts permissible to pass the examination’ shall be binding on me.

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

I fully understand that the Chairman / Director / Dean of the Institute has a right to expel me from the Institute for any infringement of the code of conduct and discipline prescribed by the Institute or Government and the undertaking given above.

Condition of minimum Attendance: I am fully aware that, I would not be permitted to appear for the examinations both Term End as well as Continuous Internal Assessment if I do not attend 75% classes of theory, practical, workshops, seminars, conferences and projects. I am also aware that I will not be permitted to appear for the examination, if I fail to submit satisfactorily all the assignments, journals, reports as specified from time to time by the competent authority within the stipulated time limit.

Place: ______________

Date: ______________

Signature of Candidate: ________________________

❖ DECLARATION BY 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 competent authority of the Institute is at liberty to take such action against my son / daughter / ward, as it deems fit.

Place: ______________

Date: ______________

Parent/Guardian’s Signature
**FOR OFFICE USE ONLY:**

1. **Documents Submitted by Candidate on securing admission:**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Documents</th>
<th>Original</th>
<th>No. of Copies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Entrance Test Score Card</td>
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<tr>
<td>2</td>
<td>Statement of Marks of Std. Xth Examination</td>
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<tr>
<td>3</td>
<td>Passing Certificate of Std. Xth Examination</td>
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<tr>
<td>4</td>
<td>Statement of Marks of Std. XIIth Examination</td>
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<td>5</td>
<td>Passing Certificate of Std. XIIth Examination</td>
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<tr>
<td>6</td>
<td>Leaving Certificate of XIIth</td>
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<td>7</td>
<td>Statement of Marks for the Bachelor's Degree Examination</td>
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<td>8</td>
<td>Convocation Degree/Passing Certificate</td>
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<td>9</td>
<td>College Leaving / Transference Certificate from the college last attended by the students to be submitted</td>
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<td>10</td>
<td>Birth Certificate / Domicile Certificate</td>
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<tr>
<td>12</td>
<td>Physical Fitness Certificate from a Registered Medical Practitioner (Original Copy Only)</td>
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<td>13</td>
<td>Latest Colour Photograph (3 Nos. (3.5cm x 2.5 cm))</td>
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<td>14</td>
<td>Gap Certificate</td>
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<td>15</td>
<td>Aadhar Card</td>
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</table>

Note: All the above documents should be submitted in original + 1 attested copy.

* Scan Copies of all the academic documents are required to submit for NAD registration.

Sign of PGDM Administration staff : ___________________________ Students Signature : ___________________________

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**FOR OFFICE USE ONLY**

Admission Confirmation (Tick whichever applicable)

- [ ] Granted
- [ ] Non-Granted

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Signature of Competent Authority

To be filled at the time of leaving the Institute:

I ________________________, student of __________ Batch 20________, Enrollment No. ______________ hereby acknowledge that I have received the following original documents submitted by me to the Institute.

(1) ____________________________________________ (2) ________________________________
(3) ____________________________________________ (4) ________________________________
(5) ____________________________________________ (6) ________________________________
(7) ____________________________________________ (8) ________________________________
(9) ____________________________________________ (10) ________________________________

Sign of PGDM Administration staff & Date: ____________________________

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Signature of Student