



Passion for excellence.....

INDRAPRASTH INSTITUTE OF MANAGEMENT GURUGRAM

INDRAPRASTH AEROSPACE & KNOWLEDGE PARK, SECTOR -77
DELHI JAIPUR NATIONAL HIGHWAY (NH-8), GURUGRAM, HR-122004

POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM)

(AICTE Approved)

Application for Academic Year 2018-2020

Affix a recent
Passport-size
photograph

STUDENT'S PERSONAL DETAILS :

First Name _____ Middle Name _____ Last Name _____

Date of Birth (DD/MM/YY) : _____ Gender: _____ Marital Status _____

Mobile: _____ Tel. _____ Email ID _____

Nationality: _____ Religion _____ Mother Tongue: _____

Residential Address for Correspondence:

City _____ State _____ Pin Code _____

Permanent Address including Telephone No. (If different from above):

City _____ State _____ Pin Code _____

PARENTS' / GUARDIAN DETAILS :

Father's Name: _____

Occupation: _____ Organization: _____ ContactNo: _____

Mother's Name: _____

Occupation: _____ Organization: _____ ContactNo: _____

ACADEMIC QUALIFICATIONS :

SL. No.	Degree/ Certificate	School/ Institute	Board/ University	Stream	Year of Passing	% of mark/ grades
	10 th /Matriculation					
	12 th /PUC or equivalent					
	Graduation					
	Any other Qualification/s					

APTITUDE TEST :

Name of Exam	Identification number	Date of Exam	Total Score	Score in Percentile
CAT				
MAT				
CMAT				
Any Other				

(Attach photocopy of Score card)

WORK EXPERIENCE :

Note: If 'YES' fill the following and Please provide the photocopies of the work experience certificates along with the application form.

Date		Organization	Designation	Responsibility	CTC
From	To				

Extra Curricular Activities /Hobbies /Award Details :

How you intend to finance your studies ?

Personal Finance Bank Loan

Source of Information on IIMG :

- 1.Alumni: _____ 2. Friends/ Relative / Parents _____
3.Website _____ 4. Coaching Institute _____
5. Newspaper /Magazine _____ 6. Any other (Please Specify) _____

Mode of Payment :

Cash Cheque Demand Draft DD/ChequeNo.
Date _____ Bank Branch & City _____

Declaration :

I hereby declare that the information given by me in the application form is correct,complete and accurate to the best of my knowledge.

In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and suitable action shall be taken against me by the IIMG Management as deemed fit.

I hereby authorize sharing of the information furnished on this form with the IIMG. I am medically fit to resume the full time PGDM Course and do not suffer from or have a chronic history of infectious diseases. If selected into the IIMG PGDM program, I shall abide by the rules, regulations and instructions set forth by the IIMG Management for the Course, Examinations, Hostel and Mess from time to time.

The student is aware that all matters mentioned in the information brochure are subject to change from time to time without notice, depending upon ground realities ,and by the decision of Govt. or AICTE/Governing Boards of IIMG.

Signature: _____ **Place:** _____ **Date:** _____

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