

INTERNATIONAL MANAGEMENT INSTITUTE

Bhubaneswar

Application Form for Post-Graduate Diploma in Management (Part-Time) (AICTE approved)

A. Personal Data

Name:						
					Paste your	
					photograph here	
					priore graphinere	
Email:						
Contact Nos:						
Permanent Ac	ddress:	Mailing Address (Should be valid for the next 60				
			days	5)		
Father's/ Guardian's	(a) Name:					
	(b) Occupation:					
	_					
B. Hist	ory of Educational (Career: (Please	start with the	most recent, includi	ng High School)	
Course/ Degree	School / C	ollege	Year of	Percentage/	Academic Stream	
Course/ Degree	School / C	ollege	Year of Passing	Percentage/ CGPA	Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
	School / C	ollege			Academic Stream	
Degree		ollege		CGPA		
Degree	School / C	ollege		CGPA	Academic Stream ponsored ()	
Degree C. Self	sponsored ()		Passing	CGPA		
Degree C. Self			Passing	CGPA		
Degree C. Self	sponsored ()		Passing	CGPA		

D. Work Experience: (To be filled in by those who claim Industrial/Business/Government experience. Start with the most recent)

History of Work Experience

History of Work F	Experience					
Designation	Organization	Years of	Service	The position you		Gross annual
Designation	Organization	From	To	report to)	income
√hy do you want	to pursue the manage	ement educati	on ? What	do you expect f	rom this	programme ?
DD Number	Date	e:	Ba	nk's Name		
	Rs.500/- in form of De					
payable at Bhuba	aneswar . Please write	your Name ar	nd the name	e of the Progran	on the r	everse of the DD
E. Declaration	on					
I certify that the ineligible for b	e information given al eing considered for a t a later date anythin	idmission to t	he PGDM	(PT) program	at IMI, i	Bhubaneswar. I
Place: ——		Date: ——		· (Si	ignature	of Applicant)