



TOLANI INSTITUTE OF MANAGEMENT STUDIES

Opp. Railway Crossing, Adipur – 370 205

**APPLICATION FORM
TIMS 2-YEAR FULL TIME POST GRADUATE
DIPLOMA IN MANAGEMENT (PGDM) PROGRAM
BATCH 2015-17**

Affix Recent
Passport Size
Photograph

IMPORTANT:

The Application form should be filled in **Capital Letters** only, in own handwriting.

1. Full Name (As appearing in XIIth Mark-Sheet) :

2. (a) Father's name : _____ (b) Mother's name : _____

3. Address (With PIN Code) :

_____ Pin: _____

4. (a) Mobile No. (Self): _____ (b) Mobile No.(Family member) : _____

5. Landline No.(with STD code): _____

6. E-mail Id : _____

7. (a) Date of Birth : ____/____/____ (b) Gender (Male/Female) : _____
(DD / MM / YYYY)

(c) Blood Group: _____

8. Academic Qualification: (Attach Copy of Mark-Sheet)

Exam Passed / Appeared	Stream (Please Tick)	Board/University	Year of Passing	% of Marks/CGPA	Medium of Instruction
X th	General				
XII th	Commerce/Science				
First Year Graduation	B.Com / B.Sc. /				
Second Year Graduation	BBA / BCA /				
Third Year Graduation	BA / BE / B. Pharm.				
Fourth Year Graduation	BE / B. Pharm.				
Post Graduation					

9. Family Income: (Rs. Per Annum): _____

10. Interest/Hobbies: _____

11. Write the name/s of newspaper/s read by you regularly:

12. Please mention about a book (other than academic text book) recently read by you:

Title: _____

Author: _____

13. Whether employed? : Yes/No

14. Experience: Years _____ Months _____ (Attach Experience Certificate)

15. Details of Work Experience : (Attach extra sheet, if required)

16. State in few lines the objective of joining the Management Program:

Declaration

I hereby declare that the information provided in this form is true to the best of my knowledge. I understand that if any information given above is found to be incorrect at any time, my admission will be cancelled forthwith without any claim of refund of any fee. If given admission, I agree to abide by the rules and regulations of the Institute in force from time to time.

Date:

Signature:

ENCLS: Please affix the following testimonials with the form, **in the sequence** as mentioned below:

1. Copy of Xth, XIIth, F.Y., S.Y., T.Y. and Fourth Year(if applicable) graduation mark sheets of all Semesters .
2. Copy of School Leaving Certificate
3. Copy of Caste Certificate, if applicable
4. Copy of Experience Certificate, if any
5. Copy of Valid Scorecard of MAT/CAT/ C-MAT/Any Management Entrance Test.
6. Copy of other Qualification Certificate

For Office Use Only:

Sr.	Name of Testimonials (Xerox Copies)	Received	Pending	Remarks
1.	Xth Certificate			
2.	XIIth Certificate			
3.	First Year Graduation (All Semesters)			
4.	Second Year Graduation (All Semesters)			
5.	Third Year Graduation (All Semesters)			
6.	Fourth Year Graduation (All Semesters)			
7.	School Leaving Certificate			
8.	Caste Certificate			
9.	Experience Certificate			
10.	Management Test Score Card			
11.	Other Qualification Certificate			

Date:

Signature of the official: