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APPLICATION FORM FPM 2017

A. AREA OF SPECIALIZATION (choose one only)

Operations Management

Marketing

B. BIOGRAPHICAL DETAILS

Full Name

Gender

Male

Female

Date of Birth (DD/MM/YYYY)

___/___/_____

PAN No. (if available)

Citizenship

Marital Status

Married

Unmarried

Parent/Spouse Name

Passport Details (if available)

Passport No.

Issued By

Date of Expiry (DD/MM/YYYY)

___/___/_____

C. ADDRESS AND CONTACT DETAILS

Current Address

City

State

| | |
|--|--|
| Pin Code | |
| Country | |
| Landline No. | |
| Mobile No. | |
| Email | |
| Permanent Address | |
| <i>(If different from current address)</i> | |
| Tick if same as current address <input type="checkbox"/> | |
| City | |
| State | |
| Pin Code | |
| Country | |
| Mobile No. | |

| D. EMERGENCY CONTACT | |
|-----------------------------|--|
| Name of Contact Person | |
| Relationship | |
| Emergency Contact Address | |
| | |
| | |
| City | |
| State | |
| Pin Code | |
| Country | |
| Mobile No. | |

| E. ACADEMIC DETAILS | |
|--------------------------------|--|
| Class X | |
| School Name | |
| Board | |
| (MM/YYYY) Completed | --/---- |
| Major Subjects | |
| Class/Division | |
| Final Marks (% or Grade Point) | |
| Class XII | |
| School/College Name | |
| Board | |
| (MM/YYYY) Completed | --/---- |
| Major Subjects | |
| Class/Division | |
| Final Marks (% or Grade Point) | |
| Bachelor's Degree | |
| College/Institution Name | |
| University Name | |
| Degree | |
| Major Subjects | |
| Completed | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <i>If Completed</i> | |
| Class/Division | |

| | | |
|---|--|-----------------------------|
| Final Marks (%) / CGPA | | |
| <i>For Final Year Candidates Only</i> | | |
| <i>Expected date of Exam (DD/MM/YYYY)</i> | -- / -- / ---- | |
| <i>Expected date of Result (DD/MM/YYYY)</i> | -- / -- / ---- | |
| Term/Semester/Year (I, II, III...) | Marks (%) or GPA (Fill <u>Only</u> one column) <i>(For GPA please mention whether 4 or 10 point scale)</i> | |
| | Marks (%) | GPA |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| Master's Degree | | |
| College/Institution Name | | |
| University Name | | |
| Degree | | |
| Major Subjects | | |
| Completed | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <i>If Completed</i> | | |
| Class/Division | | |
| Final Marks (%) / CGPA | | |

| <i>For Final Year Candidates Only</i> | | |
|---|--|------------|
| <i>Expected date of Exam (DD/MM/YYYY)</i> | ___/___/_____ | |
| <i>Expected date of Result (DD/MM/YYYY)</i> | ___/___/_____ | |
| Term/Semester/Year (I, II, III...) | Marks (%) or GPA (Fill <u>Only</u> one column) <i>(For GPA please mention whether 4 or 10 point scale)</i> | |
| | Marks (%) | GPA |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| F. ACADEMIC AWARDS AND DISTINCTIONS |
|--|
| |

| G. WORK EXPERIENCE (if any), (starting with the most recent experience) <i>(Please attach supporting documents such as joining letter, relieving letter etc.)</i> | |
|---|--|
| 1. Organization Name | |
| Role & Responsibility | |
| | |
| Date of Joining (DD/MM/YYYY) ___/___/_____ | Release Date (DD/MM/YYYY) ___/___/_____ |

| | | |
|--|---|--|
| 2. Organization Name | | |
| Role & Responsibility | | |
| | | |
| Date of Joining (DD/MM/YYYY) --/--/---- | Release Date (DD/MM/YYYY) --/--/---- | |
| 3. Organization Name | | |
| Role & Responsibility | | |
| | | |
| Date of Joining (DD/MM/YYYY) --/--/---- | Release Date (DD/MM/YYYY) --/--/---- | |

H. REFERENCES (please provide contact details of two referees who can evaluate your academic potential)

| | |
|---------------------------------------|--|
| Reference 1. | |
| Name | |
| Designation | |
| Organization | |
| In what capacity does he/she know you | |
| Phone No. | |
| Email Id | |
| Reference 2. | |
| Name | |
| Designation | |
| Organization | |
| In what capacity does he/she know you | |
| Phone No. | |
| Email Id | |

| I. TEST SCORE (CAT/GRE/GMAT/GATE/NET-JRF) (if available) | |
|---|--------------------|
| Test Name | |
| Test ID | |
| Date of Examination (DD/MM/YYYY) | __ / __ / ____ |
| Test Score | _____ out of _____ |
| Percentile (if applicable) | |

| J. CHECKLIST FOR SUPPORTING DOCUMENTS | |
|--|--------------------------|
| Class X | <input type="checkbox"/> |
| Class XII | <input type="checkbox"/> |
| Transcript (Bachelor) | <input type="checkbox"/> |
| Transcript (Masters) | <input type="checkbox"/> |
| Documents in Support of Work Experience (<i>if any</i>) | <input type="checkbox"/> |
| Test Score (CAT/GRE/GMAT/GATE/NET-JRF) (<i>if available</i>) | <input type="checkbox"/> |
| Curriculum Vitae | <input type="checkbox"/> |
| Published Research Papers (<i>if any</i>) | <input type="checkbox"/> |
| Statement of Purpose (<i>maximum two page</i>) | <input type="checkbox"/> |
| Photo Id (Passport/PAN/Aadhar) | <input type="checkbox"/> |

DECLARATION

I, (Name), certify that the information provided is complete and true. I am well aware of the fact that if the information provided by me is found incorrect, then my registration would be cancelled.

Date:

Signature

Day / Month / Year

____ / ____ / ____