

APPLICATION FORM PGPX 2017-18

A. PERSONAL DETAILS

Full Name			
Gender	Male	Female	Transgender
Date of Birth (DD/MM/YYYY)	Day / Month / Year/		
Email			
Citizenship			
Passport No.			
	•		
B. ADDRESS AND CONTACT DETAIL	S		
Current Address			
City			
State			
Pin Code			
Country			
Landline No.			
Mobile No.			
Permanent Address (if different from current address) Same as current address			
City			

State	
Pin Code	
Country	
Mobile No.	
C. TEST SCORES	
GMAT	
Test ID	
Date of Examination (DD/MM/YYYY)	Day / Month / Year/
Verbal Score	
Quantitative Score	
AWA Score	
IR Score	
Total Score	
TOEFL/IELTS/PTE (if available)	
Test ID	
Date of Examination (DD/MM/YYYY)	Day / Month / Year/
Writing Score	
Speaking Score	
Reading Score	
Listening Score	
Total Score	

D. ACADEMIC DETAILS				
Bachelor's Degree				
Degree Name				
Specialization				
Institute Name				
University Name				
University Type				
Date of Completion (DD/MM/YYYY)	Day / Month / Year/			
Final Marks	% orGPA			
Master's Degree (if applicable)				
Degree Name				
Specialization				
Institute Name				
University Name				
University Type				
Date of Completion (DD/MM/YYYY)	Day / Month / Year/			
Final Marks	% orGPA			

E. AREAS OF EXPERTISE (mark in the following manner: 0=no experience, 1=low, 2=moderate, 3=high)					
General Management	[]	Sales	[]
Strategic Management	[]	Production / Operations	[]
Accounting & Control	[]	Service Operations	[]
Finance & Finance Analysis	[]	H.R.M.	[]
Project Management	[]	Information Technology	[]
Marketing	[]	Research & Development	[]

F. WORK EXPERIENCE (Please attach supporting documents such as joining letter, relieving letter etc.)				
Total work experience (in months) including current employment Months				
Current Employment				
Organization Name and Address				
Organization Name and Address				
Designation				
Functional Area				
Industry Type				
Web Address				
No. of People Reporting to You				
Assets Under Your Management				
Annual Gross Salary				
Roles & Responsibilities				
Roles & Responsionnes				
Date of Joining (DD/MM/YYYY)		Rele	ease Date - if applicable (DD/MM/YYYY)	
Day / Month / Year			Day / Month / Year	
/			/	

PREVIOUS EMPLOYMENT			
Organization Name and Address			
1. Organization (value and /tdaress			
Designation			
Functional Area			
Industry Type			
Web Address			
No. of People Reporting to You			
Assets Under Your Management			
Annual Gross Salary			
Roles & Responsibilities			
Roles & Responsionities			
Date of Joining (DD/MM/YY	YYY)	Release Date (DD/MM/YYYY)	
Day / Month / Year		Day / Month / Year	
/		/	
2 Owner with Name and Allege			
2. Organization Name and Address			
Designation			
Functional Area			
Industry Type			
Web Address			
No. of People Reporting to You			
Assets Under Your Management			
Annual Gross Salary			

Roles & Responsibilities				
Date of Joining (DD/MM/YYYY) Day / Month / Year /		Release Date (DD/MM/YYYY) Day / Month / Year //		
3. Organization Name and Address				
Designation				
Functional Area				
Industry Type				
Web Address				
No. of People Reporting to You				
Assets Under Your Management				
Annual Gross Salary				
Roles & Responsibilities				
Date of Joining (DD/MM/YYYY) Day / Month / Year //		Release Date (DD/MM/YYYY) Day / Month / Year //		
G. INTERNATIONA	L EXPOSURE			
Duration (in weeks)	Purpose		City	Country

	icenebiiiiio	H. OTHER PROFESSIONAL TRAINING, COURSES OR ACCREDITATIONS				
Training Organization	Year	City				
	Training Organization	Training Organization Year				

I. EXTRACURRICULAR ACTIVITIES/INTERESTS				
Duration	Activity	Organized by	Role Played	Area

DECLARATION

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