



Attach recent passport size photograph

# Dr. Ambedkar Institute of Management Studies

C.A. Site No. 1 & 1 A, 7th Main, 5th Cross, HAL II Stage, Indiranagar, Bangalore 560 008. Phone: +91-80-25274994 / +91-80-25269595

## APPLICATION FORM FOR ADMISSION TO MASTER OF BUSINESS ADMINISTRATION PROGRAMME

PERSONAL DATA (Please fill in own handwriting in capital letters)

Name of the applicant (BLOCK LETTERS)

Address for correspondence (Please fill in BLOCK letters)	Permanent Address
Phone No.	Phone No.
Mobile (Parent)	Mobile (Parent)

Email  Place of Residence  Rural  Urban

Date of Birth  Sex  Male  Female

Place of Birth  Nationality

District  State

Aadhar Number

Thumb Impression

Religion

Caste and Sub-Caste

Category  SC  ST  Cat-I  II A  II B  III A  III B  Others

Height (cms)  Weight (Kg)  Blood Group

	Name	Age	Education	Occupation	Annual Income
Father					
Mother					
Sister					
Brother					

Name of the Guardian (If father is not alive)		Occupation	
		Annual Income	

Mother Tongue		Speak	
---------------	--	-------	--

Read		Write	
------	--	-------	--

Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
----------------	----------------------------------	------------------------------------

**Academic Record:** (Attach Copies of Marks Cards)

Examination	Institution Attended	State	Year passed	Total Marks	% Obtained	No. of attempts
SSLC / Equivalent						
PUC / Equivalent						
Others						

**Qualification Degree Examination** (Attach Copies of Marks Cards)

<b>Name of the Institution</b>	
--------------------------------	--

Year/Semester	I	II	III	IV	V	VI	VII	VIII	MAXIMUM MARKS	TOTAL MARKS OBTAINED	OVERALL PERCENTAGE
Total Marks including Languages											
% of Marks											
Total Marks excluding Languages											
% of Marks											

<b>Extra Curricular Activities</b>	
------------------------------------	--

<b>Awards Won</b>	

**OTHER DATA:****1. Training / Short Courses Attended:**

Programme	Name & Address of the Institution	Duration	Nature & Purpose

**2. WORK EXPERIENCE:** (Use additional sheets if necessary)

Organisation	From	To	Address	Designation	Salary

**3. ENTRANCE EXAM DETAILS**

Name of the Examination	Date of Examination	Obtained score	Percentile

4. How did you know about this course at Dr. Ambedkar Institute of Management Studies

5. Why would you opt for MBA?

6. Please specify your strengths

7. Please specify your weakness

--

8. Please specify any other information, you deem relevant, to support your claim to be admitted to MBA

--

9. Foreign National's to fill in the following:

Passport No.		Country	
Date of Issue		Place of Issue	
Residence permit No. obtained from Commissioner of Police, Bangalore			
Issue Date		Expiry Date	

10. Mode of Payment

Cash	<input type="checkbox"/>
DD	DD No. <input type="text"/>
Cheque	Cheque No. <input type="text"/>

Cheque and DD should be in Favour of  
**Chairman, Dr. Ambedkar Institute of Management Studies**  
Payable at **Bangalore**

Note: Fees once paid will not be refunded at any circumstance.

## NOTIFICATION

Students seeking admission to the College for First Year or second year of MBA Classes are hereby informed that there will not be any Students Association. Since the authorities have decided not to allow any Student's Association to be formed in the College, the authorities will themselves arrange cultural and literary activities in which teachers and the students participate. The students will abide by the declaration signed by them at the time of admission. In case he/she tries to organise strike in the regard after getting admitted, he/she will be terminated from the College and such Students are at liberty to seek admission elsewhere and their Transfer Certificate will be kept ready for being sent to any other institution he/she may join.

Signature of the Parent / Guardian

Place :

Date :

Signature of the Applicant

## FOR OFFICE USE ONLY

Admission No.	Amount Paid	Receipt No.	Date

Signature of the Principal