



Shri Vile Parle Kelavani Mandal's Narsee Monjee Institute of Management Studies

(Declared as Deemed-to-be University under Section 3 of the UGC Act, 1956)

School of Business Management

EXECUTIVE POST GRADUATE DIPLOMA IN BUSINESS MANGEMENT

(Post Graduate Diploma in Business Management)

Please read the eligibility criteria before applying for the Program

Recent
Passport
size colour
Photo

Personal Details :

Salutation *	First Name* (Own Name)	Middle Name* (Father's / Husband's Name)	Last Name* (Surname)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender*	<input type="text"/>	Birth Date* (DD.MM.YYYY)	<input type="text"/>
Marital Status*	<input type="text"/>	Age*	<input type="text"/>
Nationality*	<input type="text"/>	Place of Birth	<input type="text"/>
Social category*	<input type="text"/>	Blood Group	<input type="text"/>
Domicile*	<input type="text"/>	Domicile if Others	<input type="text"/>
Identity Proof*	<input type="text"/>		

Are you a differently abled candidate?*

Father's Name* Mother's Name*

Present Address for Correspondence :

Address Line 1*	<input type="text"/>	Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>	Address Line 4	<input type="text"/>
Address Line 5	<input type="text"/>	City*	<input type="text"/>
Pin Code*	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.*	<input type="text"/>
E-Mail Address*	<input type="text"/>	Alternate E-Mail	<input type="text"/>

Permanent Address

Address Line 1*	<input type="text"/>	Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>	City*	<input type="text"/>
State*	<input type="text"/>	Country*	<input type="text"/>
Pin Code	<input type="text"/>		

DECLARATION

I have checked all the entries in this application and they are true. I have kept all enclosures ready to be presented on demand, if admitted. I agree to comply with the rules of the University.

Place : _____

Date : _____

Signature of applicant

F o r O f f i c e u s e o n l y

Application processing fee: ₹ _____ Pd/- on _____

Documents Submitted (Check List)

Std. 10 Documents:	<input type="checkbox"/>
Std. 12 Documents:	<input type="checkbox"/>
Graduation Marksheets (All semesters):	<input type="checkbox"/>
Graduation Degree Certificate:	<input type="checkbox"/>
Work Experience Letter/s:	<input type="checkbox"/>
Photographs:	<input type="checkbox"/>
Documents Verified with Original:	<input type="checkbox"/>
Remarks, if any:	

Graduation Degree	<input type="text"/>
Graduation Percentage	<input type="text"/>
College / University	<input type="text"/>
Any other Course:	<input type="text"/>
Total years of work experience after graduation	<input type="text"/>

Checked & Verified by:

Dy. Registrar

Director