

# APPLICATION FORM

Application No.:



## VIGNANA JYOTHI INSTITUTE OF MANAGEMENT

Vignana Jyothi Nagar, Bachupally (Via) Kukatpally, Hyderabad-500090.

Ph.No:040-6555 5596, 2304 4901/02 ; Fax: 040-2304 4953, Mobile : 0-98498 00819;

E-mail: admissions@vjim.edu.in

Website: www.vjim.edu.in

### Academic Year -

Tick the appropriate courses :

**P G D M**

**P G D M - Business Economics**

**P G D M - General**

**P G D M - Marketing**

Duly completed application form along with a D D for Rs.1,000/- favouring "Vignana Jyothi Institute of Management" should be sent at the above mentioned address.

D D No. \_\_\_\_\_ Date \_\_\_\_\_ Drawn on Bank \_\_\_\_\_ Branch \_\_\_\_\_

#### Instructions

1. Read the application form carefully before you fill it.
2. We recommend, you fill the form by hand.
3. Please use (✓) tick mark in appropriate boxes wherever required.
4. The application form will be attended only if all the required information is included. Please re-check the form to ensure you have not left any data un-filled.
5. All Information you provide will only be used by our Admission Department and will remain strictly confidential.

#### Personal data:

Student Name in Full (in Capital Letters as in Class X records): \_\_\_\_\_

Date Of Birth: (DD/MM/YY)  Gender :  Male  Female

Address for Correspondence: \_\_\_\_\_

(Affix latest  
Passport size  
Colour  
Photograph)

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline (area code first): \_\_\_\_\_

E-mail: \_\_\_\_\_

#### If different from the above, please give your permanent address:

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pincode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Landline (area code first): \_\_\_\_\_

**Academic Qualification (From 10th Onwards) :**

Course	Board / University	Medium of Instruction	Year of Passing	Class / Division	% of Marks
Class X					
Intermediate / XII					
Graduation* (Specify Degree)					
Others (Specify)					

\* Candidates who have appeared for the Final year degree have to mention the average marks upto the previous year (eg. fourth year Engg. students must submit marks upto 3rd year).

**Work Experience:**

Organisation	Designation	Years of Service	Nature of Work

**Test Information:**

If you have taken the following test, please complete this section and submit official results.

Test	Date taken/To be taken	Regn.No.	Composite Score/ Total Score	Percentile
CAT				
XAT				
MAT				
Other All India Tests (Specify)				

**Family**

Mother's/Spouse's full Name:_____	Father's full Name:_____
Home Address (if different from yours): _____ _____	Home address (if different from yours): _____ _____
Occupation:_____	Occupation:_____
Name of Organisation:_____	Name of Organisation:_____
Contact No.:_____	Contact No.:_____

**Academic Honours**

Briefly describe any scholastic awards or scholarships you have won

**Extracurricular Activities**

Briefly describe any extracurricular , personal and volunteer activities you have pursued

**Why do you wish to join the PGDM Programme at VJIM? ?** (not more than 100 words)

**How did you get to know about VJIM?**

- Newspaper       CAT/MAT/XAT Bulletin       Friends       Alumni       Others (Specify)

**Recommendations from respectable persons (not related to the candidate):**

1. I recommend Mr./Ms. _____ who is known to me, for admission to <b>Vignana Jyothi Institute of Management</b> .	
Place: _____	Signature _____
Name: _____	Profession: _____
Address: _____	
_____ Contact No: (LL) _____ (M) _____	
2. I recommend Mr./Ms. _____ who is known to me, for admission to <b>Vignana Jyothi Institute of Management</b> .	
Place: _____	Signature _____
Name: _____	Profession: _____
Address: _____	
_____ Contact No: (LL) _____ (M) _____	

**Declaration by Applicant:**

I declare that all information in my application is complete, factually correct and honestly presented. I have read the rules and regulations mentioned in the admission brochure and will adhere to the same. I also understand that fees once paid will not be refunded under any circumstances.	
Date: _____	Signature of Applicant _____
Place: _____	

**Enclosures (Please tick the enclosures attached) :**

1. Demand Draft	<input type="checkbox"/>
2. Photo Copy of	<input type="checkbox"/>
a. CAT/MAT/XAT Score Sheet	<input type="checkbox"/>
b. Graduation Certificate/marks sheet	<input type="checkbox"/>
c. Certificate from Principal that candidate will be appearing for final year exam in Mar/Apr 20	<input type="checkbox"/>
d. Character Certificate from Principal of the Institute studied last.	<input type="checkbox"/>

**For Office Use**

1. Receipt No. _____ Date _____	
2. Photo Copy of	<input type="checkbox"/>
a. CAT/MAT/XAT Score Sheet	<input type="checkbox"/>
b. Graduation Certificate/marks sheet	<input type="checkbox"/>
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