

# People Institute Of Management Studies

EMS Akshrogramam, Munnad(PO),  
Chengala (Via) Kasargod 671541  
www.pims.ac.in E-mail- peopleinstitute@gmail.com  
Phone : 04994-207400

FormSr.No:

Application ID:  
(For office use only)

Student Roll No:  
(For office use only)

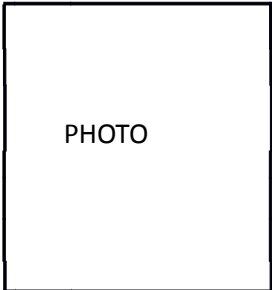
## Application Form

### MASTERS IN BUSINESS ADMINISTRATION (MBA) 2017-2019

This application form is to be filled out in its entirety. The information you provide in this application form is a very important part of the admissions process and therefore accurate and complete answers to the questions are required. Any admission granted on the basis of falls information will be cancelled.

**FILL THIS FORM IN CAPITAL LETTERS ONLY**

**Applicant's personal Details**

Name:	<input type="text"/>																	
	(as it appears in your SSLC Certificate)																	
Date of Birth:	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
D	D	M	M	Y	Y	Y	Y											
Religion:	<input type="text"/>	Caste	<input type="text"/>															
Specific categories:	General <input type="checkbox"/>	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OEC <input type="checkbox"/>	OBC <input type="checkbox"/>													
Marital Status:	Single <input type="checkbox"/>	Married	<input type="checkbox"/>															

### Address for Correspondence

.....  
.....

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Pincode:  Phone :    
(STD/ISD Code) (Number)

Mobile:  E-mail id

**Permanent address.**

-----  
 \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

Pincode:  Phone :    
 (STD/ISD Code) (Number)

Membership in organizations (Like NCC,NSS,IEEE etc)
1----- 2-----
3----- 4-----

**Test Scores**-Please list your score for the competitive entrance test you have taken, leave the column blank if not applicable. Candidates should necessarily submit CMAT score card

Test	Register Number	Composite	
		Score	Percentile

**Work Experience**-Paid employment after graduation only(mention full time/parttime employment. Do not include training/project /work done as an integral part of curricular requirement.

Organisation	Designation	Duration		Nature of work	Remunerations/ month
		from	to		

Total work experience: \_\_\_\_\_ Year \_\_\_\_\_ Months

**Academic Record** -Provide complete information on examination marks. Marks stated here must tally with those in the original marks sheets percentages must be computed by including all subjects / papers / parts that you took in your exams. if your results are awaited, leave the relevant columns blank.

Level	Name of the institution	University/board	Specialization	Duration		Percentage of marks
				From	to	

PG

UG

HSC/+2

SSLC/X

Grading System	Mark System
----------------	-------------

Semester I	Grade Point	Grade		Total Mark	Percentage
Semester II					
Semester III			First Year		
Semester IV			Second Year		
Semester V			Third year		
Semester VI			Detail of Technical course if any		
Semester VII					
Semester VIII					
CGPA					
GRADE			Detail of PG course if any		

Are you a former student in any of the institution managed by KCES (If yes give details)  Yes  No

Institute	Course	Year of study

Do you have Passport (If yes give details) Yes  No

Passport Number	Place of issue	Date of issue	Date of expiry

**Family Details**

Father's Name :  Occupation:

Mother's Name:  Occupation:

Husband's/  
Wife's name :  Occupation:

Do you want Hostel Facility: Yes  No

Do you want transportation Facility: Yes  No

**Declaration of Student**

\_\_\_\_\_ hereby undertake, that if I am admitted to the institute, I will abide by the rules and regulations of the institute and will do nothing either inside or outside the college that will interfere with its orderly working, discipline and reputation.

I do affirm that all information furnished in this application is correct to the best of my knowledge and belief.

PLACE .....

DATE.....

SIGNATURE OF THE CANDIDATE

## Declaration of Parent/ Guardian

If my son/ daughter/ward----- is admitted to the institute,

I----- hereby take responsibility for his/her good conduct and discipline within and outside college.

PLACE:

DATE:

*SIGNATURE OF THE PARENT/GUARDIAN*

**Note: The filled in application form must be submitted to the DIRECTOR, PEOPLE INSTITUTE OF MANAGEMENT STUDIES, EMSAKSHARA GRAMAM, MUNNAD(P.O), KASARGOD, KERALA- 671541**

### Check list for Candidates

- Enclose two Self-Addressed envelopes (26.5cm \* 11.5cm) with stamps Rs10/- each.
- Those who submitted downloaded application have to enclose DD worth Rs 550/- in favour of 'People institute of management studies' payable at Kasaragod.
- Candidates belonging to SC/ST/OBC category have to attach Community Certificate.

### FOR OFFICE USE ONLY

Marks scored in Group Discussion

Marks scored in personal Interview

Details of DD

Community

Hostel Needed

Yes / No

Transportation facility needed

Yes / No

Remarks

Coordinator (Admission)

Registrar

Admission Granted/rejected to

PRINCIPAL

PIMS