

APPLICATION FORM 2022-24



**JAIPURIA INSTITUTE
OF MANAGEMENT**

EMPOWER • ENTHUSE • EXCEL

INDIRAPURAM, GHAZIABAD

Affiliated to Dr APJ Abdul Kalam Technical University, Uttar Pradesh, Lucknow

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Programme : **MBA** (Dual Specialization) **MBA** (Business Analytics) **MBA** (Banking and Financial Services)

Student's Information

Name Mr./Ms.

Mobile : Whatsapp No.:

E-mail.:

Father's Name

Company Name & Address:

Designation : Qualification:

Phone No.: Mobile No.:

E-mail.:

Mother's Name

Company Name & Address:

Designation : Qualification:

Phone No.: Mobile No.:

E-mail.:

Permanent Address with PIN Code

Present Address for Communication with PIN Code

Date of Birth DD MM YY Category (SC/ST/OBC/GENERAL)

Sex M F Marital Status Hostel Accommodation Required Yes No

Non AC AC

Academic Qualification

Name of Examination	Board/University/Institute	Year of passing	% Marks Obtained/Grade	Main Subject / Stream / Branch
High School				
Intermediate (10+2)				
Graduation				
Any Other				

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Entrance Examination Details

CAT	Roll No.	<input type="text"/>	Score	<input type="text"/>	Percentile	<input type="text"/>
MAT	Roll No.	<input type="text"/>	Score	<input type="text"/>	Percentile	<input type="text"/>
UPSEE	Roll No.	<input type="text"/>	Score	<input type="text"/>	Rank	<input type="text"/>
OTHERS	Roll No.	<input type="text"/>	Score	<input type="text"/>	Percentile	<input type="text"/>

Professional Qualification Experience & Company Name

Period	Name of the Company	Position	Responsibility
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How did you find out about Jaipuria Institute of Management. Please specify the source.

Alumni: _____ (name)	Newspaper: _____ (name)
Friend/Relative/Parent: _____ (name)	Magazine: _____ (name)
Website: _____ (name)	Facebook/Google: _____ (name)
Coaching Institute: _____ (name)	Other(s), Pls. specify: _____ (name)

Hobbies & Extra-curricular activities

Signature of Applicant

DECLARATION

I hereby declare that the information given in the application form is true to the best of my knowledge and belief. If any information is found to be wrong, I shall be liable for action. I hold myself responsible for the due and prompt payment of fees.

Date :	Signature of Father/Guardian	Signature of Applicant
	Name :	Name :

For Admission Cell use only

Admission Councillor (Name)	<input type="text"/>		
Date of GD/PI	<input type="text"/>	Venue of GD/PI	<input type="text"/>
Result of GD/PI	Selected <input type="checkbox"/>	Waiting <input type="checkbox"/>	Rejected <input type="checkbox"/>
Remarks	<input type="text"/>		

(Project Head - Admissions)

(Director)

For Accounts Office use only

Received a sum of Rs.....(.....) vide Draft
 No.....DatedDawn on.....vide Receipt
 No.....Dated.....

(Signature of Manager Accounts)