

# APPLICATION FORM 2024-26



**JAIPURIA INSTITUTE  
OF MANAGEMENT**

**EMPOWER • ENTHUSE • EXCEL**

INDIRAPURAM, GHAZIABAD

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

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www.jaipuriamba.edu.in



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## Programme : Master of Business Administration - (Business Analytics)

### Student's Information

Name Mr./Ms.

Mobile :  Whatsapp No.:

E-mail.:

Father's Name

Father's Occupation: Service  Business

### 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

Academic Qualification Non AC  AC

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

**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"/>
UPCET/ 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

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.....Dated .....Dawn on.....vide Receipt  
 No.....Dated.....

(Signature of Manager Accounts)