APPLICATION FORM FOR MBA



JAIPURIA INSTITUTE OF MANAGEMENT

INDIRAPURAM, GHAZIABAD

Affiliated to Dr. A.P.J. Abdul Kalam Technical University, Lucknow, Uttar Pradesh (Formerly Uttar Pradesh Technical University, Lucknow)

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E-mail: admissions@jaipuria.edu.in, mba@jaipuria.edu.in Website: www.jaipuria.edu.in/jim

Paste your recent stamp size coloured photograph

Student's Information Name Mr./Ms.						
Phone No.: E-mail.: Father's Name Company Name & Address: Designation: Phone No.: E-mail.: Mother's Name Company Name & Address: Designation: Mother's Name Company Name & Address: Designation: Phone No.: E-mail.: Permanent Address with PIN Code						
E-mail.: Father's Name						
Father's Name Company Name & Address: Designation: Phone No.: E-mail.: Mother's Name Company Name & Address: Designation: Mother's Name Qualification: Mother's Name Address: Designation: Phone No.: E-mail.: Permanent Address with PIN Code						
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D. LAND CO. L. W. DINIO I						
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						

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Entrance Examination	on Details					
CAT Roll	No.	Score		Percentile		
MAT Roll	No.	Score		Percentile		
UPSEE Roll	No.	Score		Rank		
OTHERS Roll	No.	Score		Percentile		
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:						
Friend/Relative/Pare	nt:	(name) M	agazine:			
Website:(name			Facebook/Google:(name)			
Coaching Institute: _		(name) Of	ther(s), Pls. specify:		(name)	
Hobbies & Extra-curricular activites Signature of Applicar						
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.						
	Sic	gnature of Fath	er/Guardian	;	Signature of Applicant	
Date : Name :						
					Name :	
For Admission Cell use only						
Admission Councell (Name)	or					
Date of GD/PI		Ver	ue of GD/PI			
Result of GD/PI	Selected Waiting	Reje	cted			
Remarks						
(Project	Head - Admissions)			(Director)		
For Accounts Office use only						
Received a sum of Rs (
Draft No						
Receipt No						