APPLICATION FORM 2026-28

— Accredited "A" Grade by NAAC —

JAIPURIA INSTITUTE OF MANAGEMENT

EMPOWER • ENTHUSE • EXCEL

INDIRAPURAM, GHAZIABAD

— An Autonomous Institution —

Block A, Gate No. 2, Shakti Khand IV, Indirapuram,
Ghaziabad 201 014 (U.P.) Tel: 0120-4550100
Toll Free No. : 1800 102 3488
Mobile: 9958222099, 9958077088
E-mail: admissions@jaipuria.edu.in
mba@jaipuria.edu.in
www.jaipuriamba.edu.in

NAAC
NATIONAL ASSESSMENT AND ACCREDITATION COUNCIL
Accredited by NAAC with Grade 'A'

Paste your recent stamp size coloured photograph

Programme : Master of Business Administration - (Banking and Financial Services)

Student's Information

Name Mr./Ms.

Mobile :

E-mail.: Whatsapp No.:

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 ☐

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				

Entrance Examination Details

CAT	Roll No.		Score		Percentile	
MAT	Roll No.		Score		Percentile	
CMAT	Roll No.		Score		Percentile	
CUET-PG / NMAT	Roll No.		Score		Percentile	
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: _____(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 activites

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.

Signature of Father/Guardian

Signature of Applicant

Date :.....

Name :.....

Name :.....

For Admission Cell use only

Admission Councellor (Name)

Date of GD/PI

Venue of GD/PI

Result of GD/PI Selected ☐ Waiting ☐ Rejected ☐ Scholar ID

Remarks

(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)