



GURU NANAK INSTITUTE OF MANAGEMENT

RECOGNISED & APPROVED BY ALL INDIA COUNCIL FOR
TECHNICAL EDUCATION, MINISTRY OF HRD, GOVT. OF INDIA, NEW DELHI
Road No.75, West Punjabi Bagh, New Delhi-110026
Ph.40766800, 40766801, Tele/Fax:011-40766888

COURSE APPLIED FOR PGDM/PGDM (RETAIL MGT.)

NAME IN FULL
(In Capital Letters)

PASTE YOUR
PHOTOGRAPH
HERE

* NAME IN HINDI

DATE OF BIRTH

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FATHER'S NAME

.....

* NAME IN HINDI

PROFESSION

.....

MOTHER'S NAME

.....

PROFESSION

.....

PERMANENT
ADDRESS

.....
.....

CORRESPONDENCE
ADDRESS

.....
.....

Res.Ph. with STD Code

.....

MOB.....

E-mail:

.....

DOMICILE STATE.....

SEX: Male/Female

..... Married/Unmarried.....

CATEGORY: General

Sikh Minority

Industry Sponsored

COURSE APPLIED FOR: PGDM/PGDM (RM) /BOTH

C-MAT/MAT/CAT/XAT/ OR GNIM OWN WRITTEN TEST

ROLL NO.

Score

Date of Examination

QUALIFICATIONS:

Examination	Year	Subject	Name of college/university	Board/University	% of marks
10 th					
12th					
Graduation					
Post-Graduation					
Any other					

***Extra Curricular**

Activities

.....

*** Work Experience (if any)**

Organisation	Designation	From	To	Monthly Salary

Declaration

I declare that the information given in the application form is true to the best of my knowledge and belief. If found incorrect my application may be rejected without notice and result be declared null and void. I further declare that no criminal proceedings are under process against me in any court of law of any state. The undertaking given by my ward also be binding me.

Full Signature of Parent/Guardian

Signature of Applicant

Date

*- OPTIONAL

