

Form	No:	
(For O	ffice use only)	

CENTRE FOR RESEARCH STUDIES

APPLICATION FORM FOR ADMISSION TO FELLOW PROGRAMME IN MANAGEMENT (FPM)/ EXECUTIVE FELLOW PROGRAMME IN MANAGEMENT (EFPM), 2018

(Incomplete forms will not be considered)

Course Applied for (Pleas	e Tick):	FPM	EFPM			Recent Colored
FPM: Fellow Programme in EFPM: Executive Fellow Programme for working pro Classes for these programr	rogramme in Ma fessionals.	nagement is a	doctoral level			Passport Size Photograph
Full Name:						
Date of Birth:/	/	Married/ Unm	narried:		_ Nationality:	
Father's/Spouse's Name):					
Mother's Name:						
Address for Corresponde	,		·			ress only):
Phone No.: (off.)		(Res.	Landline no. wit	h STD Cod	e)	
E-mail on which you wisl	n to receive all	communication	on:			
Alternative E-mail:						-
A. Academic Record (A	ttach atteste	d photocopie	es)			
Examination	Name of Institut	I KO	pard/University	Year of Passing	Marks	Subject(s)/ Specialization

Examination Name of the Institution Board/University Year of Passing (%) Specialization Secondary(X) Senior Secondary(XII) Graduate Degree Post Graduate Degree Professional Degree (if any) eg CA, ICWA

		JGC-NET				
C. Acad	demic/Professional <i>I</i>	Awards/ Medals/ Prizes/ S	cholarships/ Certificates/	Honors e	tc.	
D. Emp	loyed/ Unemployed	(Please Tick)				
If empl	loyed, attach details o	f Institution(s)/Organization	(s) served and No objection	certificate	from the	e employe
n Case	of Academicians: Te	aching Experience of UG_		PG		
Employ	yment details (Full ti	me employment after P.G		T T		
Sr. N.	Position	Organization	Specify Academic/ Industry	From	То	Years
	earch Papers/Article	•				
1						
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F. Rese	earch Conferences /S	Seminar Attended				
1						
2						
G. Area	a of Research Interes	st				
1						

I. Declaration

Application Form Fee Details:

- a) I declare that I am physically and mentally fit to undertake the course work and research work of the program. That I have no past history/record of a medical condition that can hinder my pursuance of the program.
- b) I declare that all the information given by me in this application form is correct to the best of my knowledge and belief and I understand that false or incomplete information would cause invalidation of the application.
- c) I shall abide by the decision of BIMTECH in all matters pertaining to admission and administration of the program. The Institute's decision shall be final and binding on me.
- d) I shall abide by the rules and regulations of BIMTECH, if selected.
- e) For all legal actions, suits and proceedings, the jurisdiction of a court of law shall be deemed to lie exclusively at the place at which the institution is situated and at no other court or place.
- f) I understand the contents of this form and particularly this declaration being made here.
- g) I understand that my candidature/admission to the program will stand cancelled if any information provided by me with this application is found to be false or suppressed.

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Demand Draft No	, Date/,	Amount Rs,
Bank name		
Place:		
Date:		Signature of the Applicant

* Attach separate sheet where needed