



# SAHIB INSTITUTE OF MANAGEMENT AND RESEARCH

Recognised by: AICTE (New Dehli) & DTE, Bhopal Affiliated to: DAVV, Indore

Campus : 255/1/1/1, Gram - Morod, Khandwa Road, in front of CITM, Indore (M.P.) INDIA

Phone : 0731-9203901692, 9203901691 E-mail : director@simr.ac.in website : www.simr.ac.in



## APPLICATION FORM

S.I.No.

### Instructions:

1. Please write the answers legibly.
2. Wherever applicable place ? in each appropriate box.
3. Use one ink (Blue/Black).
4. Answer all questions.

Full Name: Mr/Ms: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: Male ? Female ? Blood Group \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Category: General ? SC ? ST ? OBC ? Physically ? Freedom Fighter ?

Father's Name & Profession: \_\_\_\_\_

Family's Total annual income: \_\_\_\_\_

Permanent /Current Mailing Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Phone(Landline): \_\_\_\_\_ Phone(Mobile): \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency ,name of contact person \_\_\_\_\_ Phone \_\_\_\_\_

### Educational Qualification:

S.No	Qualification	Year of passing	Name of College	University/Board	Subjects	Grade/Percentage
01.	10 <sup>th</sup>					
02.	12 <sup>th</sup>					
03.	Graduate					
04.	Others(Specify)					

Is the applicant domicile of M.P.(Yes/No).

Tehsil \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

(Please make sure to enclose photocopy of certificate of domicile).

Is there any gap in studies :Year of gap \_\_\_\_\_ Reason \_\_\_\_\_

(Enclose affidavit)

Computer Proficiency: \_\_\_\_\_

**ACHEIVEMENTS IN SPORTS AND EXTRA CURRICULAR ACTIVITIES**

S.No.	Nature of Activities	School Level	University Level	Regional Level	National Level

**DETAILS OF EMPLOYMENT (LIST CHRONOLOGICALLY BEGINNING WITH PRESENT EMPLOYMENT)**

Name of the Company and Address	Date of from	Employment to	Designation & Responsibilities

Please state the reasons for selecting SIMR for pursuing M.B.A. \_\_\_\_\_

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How did you come to learn about SIMR?

- ? Word of Mouth
- ? Newspapers
- ? Senior at college
- ? Coaching Centre

**DECLARATION:**

I certify that the information furnished in the application form is complete ,accurate & true.I agree to abide by the rules & regulations of the Institute. I understand that any information given falsely/or misrepresentation is a sufficient ground for summarily canceling my admission and/or expulsive form the Institute.

Place:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Enclosures:**

**Qualifying Examination:** \_\_\_\_\_

**Roll No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Centre:** \_\_\_\_\_ **Score:** \_\_\_\_\_

- ? Certificate of work experience , if any.**
- ? Certificate of company sponsorship, if any**
- ? 2 Letters of recommendations (as per the format enclosed)**
- ? Mark sheet of class 10<sup>th</sup> , 12<sup>th</sup> , Graduation, & others, if any.**
- ? Certificate of Scholarship, Achievements in sports,extra curricular/Co-curricular activities.**

**Any other:**