

Centre For Management Development

Approved by A.I.C.T.E Ministry of HRD, New Delhi Affiliated to Dr. A.P.J. Abdul Kalam Technical University (College Code: 1189)

PASSPORT SIZE

lease Tick at the appropriate place and f	ill the form in capital letters.		COLOUR PHOTOGRAPH							
Full Name (Mr. / Ms.) (As per matricula										
First Name	Middle Name	Su	urname							
Father's Name (As per matriculation)										
First Name	Middle Name	Su	Surname							
Occupation	Organization									
Mother's Name (As per matriculation)	Occupation									
First Name		Middle Name Surname								
Occupation	Organization									
Date of birth: DD MM YYYY	(As per matriculation)									
Mobile No. (Self)	(Father's)	(1	Mother's)							
Permanent Address:	Permanent Address:									
Line No. 1										
Line No. 2										
Post Office:	District:	State:	Pin-Code:							
Postal Address:	<u> </u>									
Line No. 1										
Line No. 2										
Post Office:	District:	State:	Pin-Code:							
E-mail:										
. Adhar Card: Yes or No If yes, t	hen Aadhar No.:									

11.	Passport No:	Yes or N	If yes, t	If yes, then Passport No.:													
12.	Nationality:																
13.	Are you NRI?	Yes or	No														
	If yes, in which o	country you r	eside?														
14.	Academic/Profe	ssional Qualif	fication (Tent	:h Standa	rd Onwarc	ds):											
	Examination/ Year of Course Passing Board/ University			sity		Obtain Marks (% or Grade)			Are	Area of Specialization/ Subjects, If any							
																	-
	(Self attested copies of mark sheet/Certificate/Degree should be enclosed with the application form.)																
15.	National level Qualifying Exam (If any): Appear / Qualify																
	MAT/ CAT/ XAT/	' GMAT/ CMA	AT/ UPCUET			Scoi	e/% [
16.	16. Special Achievements (If any):																
17.	17. Extra Curricular (Activities/ Hobbies/ Sports):																
	Declaration by Applicant																
	basis of incorred discipline of CM	declare that the particulars given above are correct to the best of my knowledge and belief. I understand that admission on the passis of incorrect and misleading information shall be cancelled at any stage. I will, on admission, submit to the rules and discipline of CMD. I hold myself responsible for the dues and prompt payment of fees, if selected. I have noted that fees once paid are not refundable, under any circumstances.											nd				
ı	Date:																

Signature of Parents/ Guardian: Signature of Applicant: