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Form No. \_\_\_\_\_

## ADMISSION APPLICATION FORM 2010

For Office use only

1. Which programme at IITM would you like to apply for? (Please tick)

UNDERGRADUATE

POSTGRADUATE

Pls. specify course \_\_\_\_\_

Pls. specify course \_\_\_\_\_

2. Name (First Name/Surname)	3. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	4. Date of Birth Date    month    year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	5. Marital status	6. Nationality
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7. Address for Correspondence

Street \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Pin \_\_\_\_\_

8. Permanent Address

Street \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ Pin \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax no: \_\_\_\_\_ Email: \_\_\_\_\_

9. Educational qualification

Level	Year of passing	School/College	Board/University	Subjects	% Marks/Division
Class X					
Class XII					
Graduation					
Any Other Qualification					

Note: Please enclose attested photocopies of all mark sheets and certificates along with the application form. Please also enclose four recent passport size colour photographs.

10. Provide details of standardized tests:

Name of Test	Date taken	Score
GRE/GMAT		
CAT		
MAT		
XAT		
SAT		
IELTS/ TOEFL		

11. Additional Training – Please specify any course of study or training, including on the job training which did not result in a formal qualification.

Level	Subject/ Major	Institution & Place of study	Date of Competition

12. Details of any period of employment:-

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Designation: \_\_\_\_\_

Brief Description of duties: \_\_\_\_\_

Date of joining & duration of Services: \_\_\_\_\_

13. Personal Statement

This should include your interest in the chosen subject, what interests you most about your current studies, any work experience that is relevant to your proposed area of study. The statement should include details of particular achievements and you future plans.

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14. Family Background

Relation	Father	Mother	Sister/Brother	Sister/Brother
Name				
Educational Qualification				
Profession				
Organization				
Designation				
Annual Income				

15. Do you require accommodation during the period of your study at IITM? (Please Tick)

Yes       No       Don't Know

16. Names and Addresses in full of the reference (optional)

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17. Do you require bank loan facilities?

Yes       No

18. How did you learn about the course for which you are applying? \_\_\_\_\_

19. Why do you want to pursue a management programme? (Please write within 100 words) \_\_\_\_\_

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20. Declaration

I confirm that the information given on this form is true, complete and accurate. Any information which is subsequently found to be wrong would disqualify me for further continuance in the IITM. I give my consent to the processing of my data IITM. I understand that admission to the above course is subject to my acceptance of IITM's term & Condition. I accept that if I do not fully comply with the said terms and conditions throughout IITM reserves the right to cancel my admission.

Signature (Student) \_\_\_\_\_

Date: \_\_\_\_\_

Signature (Guardian/Parents) \_\_\_\_\_

Date: \_\_\_\_\_

21. Enclosures with application (Please tick)

Class 10<sup>th</sup> Mark Sheet

Class 12<sup>th</sup> Mark Sheet

Undergraduate Mark Sheet

Please return the Completed application from to the admission officer IITM at the under mentioned address.

