A REAL PROPERTY OF THE REAL PR	Appro	tute of Management oved by AICTE, New Delhi & DTE, An ISO 9001:2015 Certified Floor, Mt. Poinsur, SVP Road, Boriv	Maharashtra. I	OM
App	lication No.	ADMISSION FORM UATE DIPLOMA IN MANA		Colour Photo 3.5 x 2.5 cm
To be	e filled in by the candidate in BLOC		, g. Please ($$) in box whereve	r applicable.
1.	Name:			* *
11	(As per Degree Marksheet) (Su	rname) (First Name) (Fa	ather's/Husband's Name) (Mot	her's Name)
2.	a) Date of Birth (dd/mm/yyyy	<i>I</i>):		
	b) Place of Birth:(City)	(Distri	ct) (State)	
3.	Gender: M F		itus: Single Marr	ied
5.	Blood Group :	6. Aadhar Car	rd No. :	
7.	(a) Nationality:	b) Religion :	c) Mother Tongue :	
8.	(a) Mobile Number:	b) E-mail Add	lress:	
9.				
		Stata		
	-	State		
		(If different from above) :		
		State		
10	-			
10.	Do you belong to SC/ST/VJ/NT Caste:		,	
11 1				
	ENTRANCE TEST: (Please \sqrt{any}	<u>One</u> entrancetest)		
1.	MAH-MBA/MMS-CET 2025			
2. 3.	CAT (conducted by IIMs) MAT 2024-2025 (conducted by			
3. 4.	ATMA 2025 (conducted by AIM			
5.	XAT 2025 (conducted by XLRI)			
6.	CMAT 2025 (conducted by AIC	TTE)		
a)	REGISTRATION NO	b) APPLICATION ID NO:	c) ROLL NO: _	
d)	MONTH/YEAR:	2	-	
12.	DETAILS OF PARENTS :	Father	Moth	er
	a. Name	: Mr	Mrs	
	b. Educational Qualifications	:		
	c. Occupation (Company & Designation)	:		
	d. Annual Income	:		
	e. Mobile/Landline	:		
	f. E-mail Address	:		Page 1 of 4

13. Academic Qualifications

(a) **Pre-University**

Name of Examination	Board		Marks obtained	, ,	CGPA	Grade
Std X						
Std XII						

(b) Graduation: College Name								
Name of Examination	University	Year of Passing	Total Marks	Marks obtained	% of Marks	Div. / Class	CGPA	Grade
First Year or First Sem								
Second Year or Second Sem								
Third Year or Third Sem								
Fourth Sem								
Fifth Sem								
Sixth Sem								
Seventh Sem								
Eighth Sem								
				Ag	gregate			

Note : a) In case of CGPA students should give the equivalent percentage. <u>Please attach the applicable conversion scale for reference.</u> b) Wherever Semester system is applicable please enter all Semester marks.

(c) **Post Graduation**: Please specify

Name of Examination	University		Marks obtained		CGPA	Grade
First Year						
Second Year						
			Ag	gregate		

Note: a) If there is any break in studies please explain.

(d) **Any Other:** Please specify

Name of Examination	University	Year of Passing	Total Marks	Ma obta	rks ined	% of Marks	Div. / Class	CGPA	Grade
First Year									
Second Year									
Aggregate					-				

Note: a) If there is any break in studies please explain.

14. Work Experience : Attach copies of Experience Certificate

Name of Organization	Designation	Tenure		Experience	Job
		From	То	Years & Months	Description

15. How did you come to know about the Programme ?

1. Word of Mouth 2. Newspaper Advt./ Hand Bill 3. Friends

4. Website

5. Social Media

6. Others _____ (*Pl. Specify*)

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16. Extracurricular / Co-curricular activities details:

	Hobbies&Interest :
	Computer skills :
	Languages known :
17.	Strength/Weakness:
	Personal Strength :
	Personal Weakness :
18.	Payment of form : Cheque Cash UPI D/D . If the form is downloaded from the website attach Demand Draft of Rs. <u>1500/-</u> (Rupees only) in favour of "St. Francis Institute of Management & Research" payable at Mumbai.
	1. Demand Draft No.: 2. Date: 3. Amount: Rs. 1500/-
	4. Bank: 5. Branch:

DECLARATION BY THE CANDIDATE:

The information given by me in my application is true to the best of my knowledge and belief. I understand that if any statements made by me in the application form or any information supplied by me in connection with my admission is later on at any time, found to be incorrect, my admission will be cancelled, fees paid will be forfeited and I may be expelled from the institute.

I have not been debarred from appearing at any examination held by the government constituted or statutory authority in India or overseas.

I am aware that any rule enforced by the Institute authority or any government authority such as 'number of attempts permissible to pass the examination' shall be binding on me.

I hereby agree to abide by all rules, regulations, laws and acts enforced by the Institute and the Government and I hereby undertake that, I will do nothing inside or outside the Institute premises which may result in disciplinary action against me under these rules, regulations, laws and acts referred to.

I fully understand that the Chairman / Director / Dean of the Institute has a right to expel me from the Institute for any infringement of the code of conduct and discipline prescribed by the Institute or Government and the undertaking given above.

Condition of minimum Attendance: I am fully aware that, I would not be permitted to appear for the examinations both Term End as well as Continuous Internal Assessment if I do not attend 75% classes of theory, practical, workshops, seminars, conferences and projects. I am also aware that I will not be permitted to appear for the examination, if I fail to submit satisfactorily all the assignments, journals, reports as specified from time to time by the competent authority within the stipulated time limit.

Place: _____

Date:_____

Signature of Candidate: _____

CALC DECLARATION BY PARENT / GUARDIAN:

I ______ declare that the particulars furnished by my son / daughter / ward in this application form are correct to the best of my knowledge and belief.

I undertake and bind myself to pay on behalf of my son / daughter / ward such fees, charges, etc which the Institute may levy from time to time, by due date and in the event of default or failure on my part and / or on the part of my son / daughter / ward, the competent authority of the Institute is at liberty to take such action against my son / daughter / ward, as it deems fit.

Place: _____

Date:_____

Parent/Guardian's Signature Page 3 of 4

FOR OFFICE USE ONLY:

1. Documents Submitted by Candidate on securing admission:

Sr. No.	Documents	Original	No. of Copies
1.	Entrance Test Score Card		
2.	Statement of Marks of Std. Xth Examination		
3.	Passing Certificate of Std. Xth Examination		
4.	Statement of Marks of Std. XII th Examination		
5.	Passing Certificate of Std. XII th Examination		
6.	Leaving Certificate of XII th		
7.	Statement of Marks for the Bachelor's Degree Examination		
8.	Convocation Degree/Passing Certificate		
9.	College Leaving / Transference Certificate from the college last attended by the students to be submitted		
10.	Birth Certificate / Domicile Certificate		
11.	Work Exp. Certificates / Release letter.		
12.	Physical Fitness Certificate from a Registered Medical Practitioner (Original Copy Only)		
13.	Latest Colour Photograph (3 Nos. (3.5cm x 2.5 cm))		
14.	Gap Certificate		
15.	Aadhar Card		
16.	PAN Card		
17.	Passport		
18.	Caste Certificate (if applicable)		

Note: All the above documents should be submitted in original + 1 attested copy.

* Scan Copies of all the academic documents are required to submit for NAD registration on Email ID: pgdm@sfimar.org

Sign of PGDM Administration staff: ____

Students Signature : ___

FOR OFFICE USE ONLY

Admission Confirmation (Tick whichever applicable)

Granted	

Signature of Competent Authority

Non-Granted

To be filled at the time of leaving the Institute:

Ι	student of	Batch 20	,
Enrollment No	hereby acknowledge tha	t I have received the fol	lowing original
documents submitted by me to the Institute.			
(1)	(2)		
(3)	(4)		
(5)	(6)		
(7)	(8)		
(9)	(10)		

Sign of PGDM Administration Staff & Date:

Signature of Student