

# SOM - LALIT INSTITUTE OF MANAGEMENT STUDIES

(APPROVED BY ALL INDIA COUNCIL FOR TECHNICAL EDUCATION, GOVT. OF INDIA, NEW DELHI)  
SLIMS Campus, Nr. St. Xavier's Corner, University Road, Navrangpura, Ahmedabad - 380 009

Attach  
Passport size  
Photograph

## APPLICATION FORM FOR

Post Graduate Diploma In Management (PGDM)

Two Years Full Time Programme 2020 - 2022

N.B. : All particulars must be given in Capital Letters.  
Sir,

I wish to apply for the admission to the **Post Graduate Diploma in Management (PGDM)**.  
My details are as below

I. Name: \_\_\_\_\_  
(In capital Letters)                      LAST NAME                      FIRST NAME                      FATHER'S NAME

II. Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Pin.: \_\_\_\_\_ City / Village: \_\_\_\_\_ State: \_\_\_\_\_

III. Contact Detail:

Home Phone: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent's/Guardian's Mobile No.: \_\_\_\_\_ Parent's/Guardian's E-Mail: \_\_\_\_\_

IV. Date of Birth: \_\_\_\_\_ V. Mother Tongue: \_\_\_\_\_ VI. Mother's Name: \_\_\_\_\_ VII. Sex:  M  F

Aadhar No.: \_\_\_\_\_

VIII. Academic Qualification:

Name of the Examination	Major Subjects	Class	%age Marks	Year of Passing	Name of Board/University	Medium of Instruction
S.S.C						
H.S.C.						
Bachelor						
Master						
Any Other						

IX. MAT Composite Score:  /800 | CMAT Composite Score:  /400 | Other: \_\_\_\_\_  / \_\_\_\_\_

X. Work Experience: Months: \_\_\_\_\_ Industry: \_\_\_\_\_ Organization: \_\_\_\_\_ Position: \_\_\_\_\_,

Months: \_\_\_\_\_ Industry: \_\_\_\_\_ Organization: \_\_\_\_\_ Position: \_\_\_\_\_

XI. a) Name of Current / Most recent employer: \_\_\_\_\_ b) Name of immediate supervisor: \_\_\_\_\_

c) Phone No. of the Employer/Supervisor: \_\_\_\_\_ d) E-Mail of the Employer/Supervisor: \_\_\_\_\_

## DECLARATION

I hereby declare that I have read the information given in the prospectus and instructions sheet attached with this application form. I agree to abide by the decision of the Admission Committee of Som - Lalit Institute of Management Studies. I also declare that the details in the above application form are true to the best of my knowledge.

Place: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant

**The Administrative Office**  
**SOM - LALIT INSTITUTE OF MANAGEMENT STUDIES**  
SLIMS Campus, Nr. St. Xavier's Corner, University Road, Navrangpura, Ahmedabad - 380 009.

### GENERAL:

- All the information given in the application must be completed and factually correct. An application containing incomplete, incorrect or false information will not be entertained and shall be liable for cancellation if entertained through oversight, inadvertence or any other reasons.
- In all matters relating to admission, the decision of the Selection Committee will be final and binding on the applicant. No correspondence or complaint in this regard shall be entertained.
- Canvassing in any form will disqualify the candidate from selection.
- Candidate should not fill more than one application form.

I have read and understood all the above information and instructions carefully and undertake to abide by the decision of the Admission Committee.

Place: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Candidate

### CHECK-LIST OF ENCLOSURES (ATTESTED TRUE COPIES)

- All marksheets.
- Marksheet of last examination passed if you have yet to appear for the final bachelor degree examination scheduled to be held before 30th June, 2020.
- A copy of MAT/CMAT/CAT Score.