

PGDM SCHOLARSHIP PROGRAM

Please fill all the details in block letters only

STUDENT DETAILS

1. NAME : _____
(FIRST) (MIDDLE) (LAST)

2. GENDER: MALE FEMALE OTHERS

3. AGE: _____ DOB: ____/____/_____

4. TELEPHONE NUMBER: _____ / _____
(PRIMARY) (SECONDARY)

5. E-MAIL: _____

6. AADHAR NO: _____

7. PERMANENT ADDRESS: _____

8. RESIDENTIAL ADDRESS: _____

9. ACADEMICS DETAILS:

S. No.	Degree	Board / University	Year	Percentage
1	10th			
2	12th			
3	Graduation			
4	DG			

10. CAT/MAT/XAT SCORE: _____

11. CERTIFICATES (IF ANY): _____

12. WORK EXPERIENCE (IF ANY): _____

PARENTS DETAILS

13. FATHER'S NAME : _____
(FIRST) (MIDDLE) (LAST)

14. FATHER'S PROFESSION: _____ EMPLOYER: _____

15. TELEPHONE NUMBER: _____

16. E-MAIL: _____

17. MOTHER'S NAME : _____
(FIRST) (MIDDLE) (LAST)

18. MOTHER'S PROFESSION: _____ EMPLOYER: _____

19. TELEPHONE NUMBER: _____

20. E-MAIL: _____

Self Declaration:

I hereby certify that all the details furnished by me are true to my knowledge till date.

Name: _____

Date: _____

Place: _____