"er Jaruary"

COMMON APPLICATION PROFORMA

TWO YEARS FULL TIME PROGRAMME



Read the instructions carefully for filling the Common Application Proforma:

- 1. Fill in the Application Form in CAPITAL LETTERS using black ink.
- 2. Please enclose two copies of recent passport size photograph and paste one in the box alongside
- 3. Also enclose an attested photocopy of your photo-ID (ration card / passport / Voter's ID / Driving License / PAN Card)
- 4. Enclose a non-refundable admission test-cum-interview fee of Rs. 1000/- by crossed bank draft (DD) payable at Delhi drawn in favour of "IIPM"
- 5. The form should be complete in all respects. Incomplete forms will not be considered for further processing.
- 6. Strike out whichever is not applicable.

Affix your recent passport sizedphotograph

I WANT TO APP	PLY FOR (TIC	K THE APPROPI	RIATE BOX)	
		reneurship (leading to MBA from Indi reneurship (leading to MBA from Indi		
My Choice of Interview C	Centre (Name any thi	ree in order of priority):		
a		b	C	
My Choice of Study Cent	re (Tick any one):			
Ahmedabad	Bangalore	Chandigarh	Chennai	Delhi
Hyderabad	☐ Jaipur	☐ Kolkata	Mumbai	☐ Pune
A. PERSONAL DATA				
A.1. Name (as it appears in	official documents, s	school records, passports, et	·c.):	
S	Surname		First Name	Middle Name
A.2. Date of Birth:		(DD / MM / YYYY)		
A.3. Sex: M F		A.4. Marital Status: Marrie	d 📗 Single 🔲	A.5. Blood Group:
A.6. Nationality:				
A.7. Father's / Guardian's N	lame (Please strike ou	ut whichever is not applicab	le)	
S	Surname		First Name	Middle Name
A.8. Father's / Guardian's C	Occupation:		Contact N	0:
Company Name:			Exact Designation:	
A.9. Mother's Name (Pleas	e strike out whicheve	er is not applicable)		
	Surname		First Name	Middle Name

A.10. Contact Details:												
(a) Correspondence Address:												
State:						PIN / ZIP:						
E-mail id:												
(b) Permanent Address:								I	Ш			
State:							PIN	/ ZIP:				
E-mail id:					П			\top	П			
(c) Phone Number: Residence:		D/Local Code				Mobile:		Ι				
B. ACADEMIC DETAILS:												
B.1. Examinations taken (Please list	t in chronological or	der including e	xamination	s with resu	lts pendi	ng)						
Evamining Pody / Poard / Name of Institute / school / Fxam Date												
University	colleg		Month	Year	Subj	ects/Special	ization	% Secured				
		(62 b 2 6U a d b 2 d										
B.2. Summary of your academic an C. EXPERIENCE DETAILS:		to be filled by t	пе аррпса									
SI Period Total Experience												
No. Name of Organ	nisation	ion	From	То				Monthly Salary				
Declaration by candidate												
I certify that I have read the prospectus (agree to familiarize myself with all the ruand respect the principles of IIPM/ISBE	ules and regulations of t	he programmes s										
Signature:						Date	e:					
		—Do not write	e below this	line —								
Application No.							Da	te				

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- 4. Enclose a non-refundable admission test-cum-interview fee of Rs. 2000/- by crossed bank draft (DD) payable at Delhi drawn in favour of "IIPM"
- 5. The form should be complete in all respects. Incomplete forms will not be considered for further processing.
- 6. Strike out whichever is not applicable.

Affix your recent passport sizedphotograph

I WANT TO A	PPLY FOR (TIC	K THE APP	ROPRIA	TE BOX)							
Entreprer Residents (dual spe	ne in Planning & neurship with International ship and Global Certification cialisations with additional ccialisation)	PG-B Programme in Pl & Entrepreneurs International Ex (dual specialisat	hip with posure	PG-C Programme & Entreprene Internationa (single speci	eurship with I Exposure						
My Choice of Intervie	ew Centre (Name any th	ree in order of pric	ority):								
a		b			C						
My Choice of Study C	entre (Tick any one):										
Ahmedabad	Bangalore	Chan	digarh	Che	nnai	Delhi					
Hyderabad	☐ Jaipur	☐ Kolka	ita	☐ Mun	nbai	Pune					
A. PERSONAL DATA											
A.1. Name (as it appea	rs in official documents,	school records, pass	ports, etc.):								
	Surname	_		First Name		Mic	ddle Name				
A.2. Date of Birth:		DD / MM / YYYY)									
A.3. Sex: M F A.4. Marital Status: Married Single A.5. Blood Group:											
A.6. Nationality:											
A.7. Do you have a pa	ssport: Y N	If yes, expiry date:			DD/MM/YYY	()					
A.8. Father's / Guardian	n's Name (Please strike ou	ut whichever is not a	applicable)								
	Surname			First Name		Mic	ddle Name				
A.9. Father's / Guardia	n's Occupation:				Contact No:						
Company Name:			Exa	act Designatio	n:						
A.10. Mother's Name (Please strike out whichev	ver is not applicable)								
	Surname			First Name		٨	∕liddle Nam	ie			

A.11. Contact Details:												
(a) Correspondence Address:								\prod				
State:					PIN / ZIP:							
E-mail id:					П			П				
(b) Permanent Address:									\perp			
									\Box			
State:							PIN	I / ZIP:				
E-mail id:			ПП	ПП	П	ПП		П	Т	П		
(c) Phone Number: Residence:		D/Local Code				Mobile:						
B. ACADEMIC DETAILS:												
B.1. Examinations taken (Please list	t in chronological ord	der including e	xamination	ns with resu	lts pend	ding)						
Examining Body / Board /	Exar	Exam Date			Subjects/Specialization				0/ Cocurad			
University	colleg	e	Month	Year	Juk			% Secured				
B.2. Summary of your academic an	nd career objectives (to be filled by t	the applica	nt only):								
C. EXPERIENCE DETAILS:				Dowi	ام ما			Τ				
SI. Name of Organ	nisation	ion	Perion From	To				Monthly Salary				
Declaration by candidate												
I certify that I have read the prospectus agree to familiarize myself with all the r and respect the principles of IIPM as ar	rules and regulations of	f the programme										
Signature:						D	ate:					
		—Do not write	e below this	ine—							- —	
Application No.		Δ.	mount				Da	nto.				