

APPLICATION FORM

Form No: _____

Centre: _____

Year: _____

To,
The Director,
Dr. D.Y. Patil B-School,
Sr. No. 87-88, Bengaluru-Mumbai
Express Bypass, Tathawade,
Pune - 411033,
Maharashtra, India.

Affix your self attested
recent colour
photograph
(in formal only)

APPLICATION FOR ADMISSION TO POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM) - (2 YEARS FULL TIME PROGRAM)

Sir/Madam,

I have gone through the Prospectus of Dr. D.Y Patil B-School, Pune and I am submitting my application for admission to **PGDM (AICTE) with specialization in** Marketing Management Financial Management
Human Resource Management

Admission Test Appeared:

CAT
MAT
XAT

CMAT
ATMA
Any Other _____
(Please Specify)

Registration No.
Score
Percentile

Personal Details:

Name (Mr./Ms) First Name Middle Name Last Name
E-mail Id
Adhaar No. Mobile No.
Date of Birth Age Marital Status
Blood Group Gender Religion
Father's Name Mobile No.
Occupation Annual Income (Rs. Lakhs)
Mother's Name Mobile No.
Father's/Mother's E-mail Id

Permanent Address:

City: _____ State: _____ Pin Code: _____

Communication Details:

City: _____ State: _____ Pin Code: _____

Academic Background:Engineering Commerce Science Arts Others (Please Specify)Graduation Completed Not Completed (Please Tick Mark)**Educational Details:**

QUALIFICATION	NAME OF SCHOOL/COLLEGE	BOARD / UNIVERSITY	YEAR		AGGREGATE PERCENTAGE	CGPA
			TO	FROM		
10th						
12th						
Graduation						
Post Graduation						

Academic / Achievements / Extracurricular Activities

Work Experience (if any)

Company

From

To

Designation

Source of information on Dr. D.Y. Patil B-SchoolSMS Emailer Present Students Online campaign _____
(Please Specify)Friends Alumni

Others _____

Declaration by the Applicant:

I have carefully read the instructions and agree to abide by the decision of the Institute regarding my selection to the program.

I certify that the information furnished in this application form is correct to the best of my knowledge and belief.

Date:

Place:

 Signature of Applicant