

APPLICATION FORM

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

Form No : Centre :
Year :

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

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 Global** **PGDM**
with specialization in **Marketing Management** **Financial Management**
Human Resource Management **Business Analytic**

**APPLICATION FOR ADMISSION TO
POST GRADUATE DIPLOMA IN
MANAGEMENT PGDM & PGDM GLOBAL
(2 YEARS FULL TIME PROGRAMS)**

ENTRANCE EXAM APPEARED

CAT MAT XAT CMAT ATMA ANY OTHER

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 M F Religion

Father's Name Mobile No

Occupation Annual Income (Rs. Lakhs)

Mother's Name Mobile No

Father's/Mother's E-mail Id

1). Present Address :

City:.....State:.....Pin Code:.....

2). Permanent Address :

City:.....State:.....Pin Code:.....

Academic Background

Engineering <input type="checkbox"/>	Commerce <input type="checkbox"/>	Science <input type="checkbox"/>	Arts <input type="checkbox"/>	Others <input type="checkbox"/> (Please Specify)
Graduation Completed <input type="checkbox"/>		Not Completed <input type="checkbox"/> (Please Tick Mark)		

Educational Details

QUALIFICATION	NAME OF SCHOOL/COLLEGE	BOARD / UNIVERSITY	YEAR		AGGREGATE PERCENTAGE	CGPA
			TO	FROM		
X						
XII						
Graduation						
Post Graduation						

Academic / Achievements / Extracurricular Activities

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Work Experience (if any)

Company From To Designation

Source of information on Dr. D.Y. Patil B-School

SMS <input type="checkbox"/>	Emailer <input type="checkbox"/>	Present Students <input type="checkbox"/>	Friends <input type="checkbox"/>	Alumni <input type="checkbox"/>
Online Campaign (Please Specify)		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
