

## GLOBAL INSTITUTE OF MANAGEMENT HANSPAL, BHUBANESWAR-752101



## APPLICATION FORM FOR ADMISSION TO FULL TIME TWO YEARS M.B.A. DEGREE COURSE

1)	Name (in	Name (in Block Letters)				
2)	Father's Name.					
	a) Guardians Name (if father is not alive)					
	b) Relationship of guardian with applicant					
	c) O	Occupation of father/guardian				
	(5	(State exact designation of service with details)				
	P	h. No (Res.)	(Off.)			
3)	Date of F	Birth (dd/mm/yyyy)	./	/		
4)	Nationality(a) State to which belong					
5)	Sex(a) Blood Group					
6)	If SC/ST/OBC/GENERAL, Specify					
7)		Present Address.				
		vith STD Code)	PIN			
8)	Permanent Address.					
	PIN					
	Phone (with STD Code)					
9)	Name & Address of local guardian of Bhubaneswar with Tel. No. if any					
10) Exam	Academi Passed	nic Qualification University / Board / Council Year of Passing Division with				
Exum.	1 45504	Oniversity / Board / Council	Tour of Lussing	mar		
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<b>DECLARATION</b>						
I	hereby solemnly declare that all					
the particulars furnished herewith are true to the best						
affirm that I shall abide by the rules and regulations of	f the institute, now in force and as amended					
from time to time. The Authority of the college can tal	ke any action against me if I break the rules					
and regulations of the institute. I also affirm that I will	not discontinue before the completion of the					
course.						
Date :						
Place:	Signature of the Candidate					
DECLARATION BY PARE	NT / GUARDIAN					
I have gone through the prospectus of the institute and h with my consent. I take the entire responsibility for the g fees in time without default and will not allow my ward	good conduct of my ward, payment of full					
Date :						
Place:	Signature of the Parent/Guardian					
FOR OFFICE US	E ONLY					
Year of Admission	JEE / CET / Any other equivalent					
national level test	Branch					
Roll No Day Scholar / Ho	stlier					
University Regd. No.						