



Form No: \_\_\_\_\_  
(For Office use only)

**APPLICATION FORM FOR ADMISSION TO FELLOW PROGRAMME IN MANAGEMENT (FPM)  
2018**

(Incomplete forms will not be considered)

Paste a recent  
colour passport  
size photograph

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Married/ Unmarried: \_\_\_\_\_ Nationality: \_\_\_\_\_

Father's/Spouse's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address for Correspondence (Please note in future all correspondence will be sent to this address only): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone No.: (off.) \_\_\_\_\_ (Res. Landline no. with STD Code) \_\_\_\_\_

E-mail on which you wish to receive all communication: \_\_\_\_\_

Alternative E-mail: \_\_\_\_\_

**A. Academic Record (Attach attested photocopies)**

Examination	Name of the Institution	Board/University	Year of Passing	Marks (%)	Subject(s)/ Specialization
Secondary(X)					
Senior Secondary(XII)					
Graduate Degree					
Post Graduate Degree					
Professional Degree (if any) eg CA, ICWA					

B. **Valid Score:** CAT/GMAT/GRE \_\_\_\_\_ (\* leave blank in case of RAT)

C. **Academic/Professional Awards/ Medals/ Prizes/ Scholarships/ Certificates/ Honors etc.**

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D. **Employed/ Unemployed** (Please Tick)

(If employed, attach details of Institution(s)/Organization(s) served and No objection certificate from the employer)

In Case of Academicians: Teaching Experience of UG \_\_\_\_\_ PG \_\_\_\_\_

**Employment details (Full time employment after P.G.)**

Sr. N.	Position	Organization	Specify Academic/ Industry	From	To	Years

E. **Research Papers/Articles published**

1. \_\_\_\_\_
2. \_\_\_\_\_

F. **Research Conferences /Seminar Attended**

1. \_\_\_\_\_
2. \_\_\_\_\_

G. **Area of Research Interest**

1. \_\_\_\_\_
2. \_\_\_\_\_

H. You also have to submit a write-up/research proposal related to your area of research interest of about 5000 words and must include research objectives, a short literature review, a short description on methodology and expected findings.

**I. Declaration**

- a) I declare that I am physically and mentally fit to undertake the course work and research work of the program. That I have no past history/record of a medical condition that can hinder my pursuance of the program.
- b) I declare that all the information given by me in this application form is correct to the best of my knowledge and belief and I understand that false or incomplete information would cause invalidation of the application.
- c) I shall abide by the decision of CIMP in all matters pertaining to admission and administration of the program. The Institute's decision shall be final and binding on me.
- d) I shall abide by the rules and regulations of CIMP, if selected.
- e) I understand the contents of this form and particularly this declaration being made here.
- f) I understand that my candidature/admission to the program will stand cancelled if any information provided by me with this application is found to be false or suppressed.

**Application fee details:**

Demand Draft No. ...., Date...../...../....., Amount Rs.....

Bank name .....

**Place:**

**Date:**

**Signature of the Applicant**

***\*Attach separate sheet where needed***