



IIPM-SCHOOL OF MANAGEMENT

Name (in Capital)				SI No. – (for office use)
	(First)	(Middle Name)	(Surname)	Passport size photograph to be pasted here
Father's Name				
Address for correspondence	E-mail :			
Phone Number				
Permanent Address	E-mail :			
Phone Number				
Date of Birth		Age	Place of Birth	
Qualification	Year	Subjects	School /College	% of Marks
HSC				
Plus 2				
Degree				
Other Qualification				
Qualifying Entrance Test	Score Card		Rank	
ORISSA JEE				
CAT				
MAT				
XAT				
ATMA				
Achievements /Special Position Held				
Why you wish to join this course?				
Signature			Date	
FOR OFFICIAL USE ONLY(NOT TO BE FILLED BY CANDIDATE)				
Initial Assessment				
Interview and Group Discussion				
Selected			Rejected	
Admission Incharge			Date	