University of Mumbai

JAMNALAL BAJAJ INSTITUTE OF MANAGEMENT STUDIES

164, Dadabhoy Naoroji House, H. T. Parekh Marg, Backbay Reclamation, Mumbai 400020.

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Application for Admission to

Master of Science (MSc) FINANCE PROGRAMME

Fo	r Office Use On	ly	
Application Number		Remarks	Dhatasanh
Receipt Number			Photograph
Date			

Note: Please read the instructions carefully before filling the form.

- 1. Put $\mathbf{a} \checkmark$ in the blocks where applicable.
- 2. Brochure and application form fees is Rs.1500 to be paid in cash or by pay order/demand draft in favour of "Director, JBIMS" payable at Mumbai.
- 3. The last date of submission of the application is June 14, 2016.
- 4. Attach photo copy of statement of marks of graduation and HSC.

The Director

Jamnalal Bajaj Institute of Management Studies, University of Mumbai, 164, Dadabhai Naoroji House, Backbay Reclamation, Mumbai 400 020.

1. Name of the Applicant (In Block Letter)

Shri/	Smt.	/ Kuı	m.											
(Surna	ame))				(First	Nan	ne)			((Mide	dle N	ame

2. Please Indicate Category

General	SC	ST	DT	NT	OBC	A candidate belonging to a category other than General
						Category must attach attested photocopies of the caste certificate, case validity certificate and other documents as required by the Government regulations.

3. Graduation Degree

Code Name of the University

Co	ode Key				
1	University of	2	University Within Maharashtra	2	University outside
1	Mumbai		(Except Mumbai)	3	Maharashtra

- 4. Gender (Male/ Female)
- 5. Date of Birth (DD/MM/YYYY)
- **6. Age** (Year and Months)

7. Educational Background

			alifications copriate bo		Year of Passing	% of marks	Class/ Grade	Name of Board/University
A. U	ndergradu	ate/Diplon	na (Specify	y)				
1.	S.S.C/ S.	S.L.C./ I.C	C.S.C.					
2.	H.S.C/ P	re - Unive	rsity					
3.	Intermed	iate						
4.	Polytech	nic						
5.	Defence	Service D	iploma					
В. В	achelor's /	Master's	Degree					
1.	2.	3.	4.	5.				
BA	BSc	BCom	BE/ BTech	Other Specify				
MA	MSc	MCom	ME/ BTech	Other Specify				
C. P	h.D.							

8. Professional Qualifications:

	Q	ualificatio	ons		Year of Passing	% of Marks	Class/Grade	Organisation
AMIR	ICAI	ICMA	ICSI	Others Specify				

9. Work Experience (till date)

A. Functional Area

Marketing	Finance	Personnel	Production	Other specify
1	2	3	4	5

B. Position Held:

	Name and Address of Organisation		of Service ear)	Designation of Nature of work	Total Monthly Emoluments (Rounded to nearest Rs.)
	8	From	То		
PRESENT POSITION					
LAST POSITION					

C. Total work experience to date: (Years and Months) (in supervisory/ executive cadre only)

10. Professional Achievements:

Please list below any prizes, medals, awards, honour, recognition etc., which you have received at any time in your academic or professional career:

Name of Award	Purpose of Award	Awarding Agency

11. Name and Address of the Applicant (IN BLOCK LETTER)

Name:																
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A 11																
Address:	CITY										PIN					
Email Id																
		ı														
Mobile																

Address: (Residence)																
Email Id	[
Mobile	[
I hereby declare that the information given in this application form is complete and true. If admitted, I agree to comply with the rules of the Institute.																
	Plac	ce:														
	Date: (Signature of the Applicant)															