



18 Months Full Time PGDBM Programme + 6 Months IIAM / IIAB Training

Specialization : Marketing and Finance or Marketing and HR



No: **Application Form**

Note: Form must be filled in capital letters & completed in all respects

Name _____

Date of Birth

D	D

M	M

Y	Y	Y	Y

 Gender Male Female

Father's / Guardian's Name _____

Father's / Guardian's Occupation _____

Contact Address _____

_____ City _____ Pincode

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Tel _____ Mobile _____

Permanent Address _____

_____ City _____ Pincode

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Tel _____ Mobile _____

Family Occupation (Please tick (✓) mark)

Business Service Professional Others (Specify) _____

Academic Qualifications

Qualification	Course	Year of Passing	Percentage	Specialization(s)	Board /University
Degree					
12 th					
10 th					

Work Experience (Only full time and more than 6 months in the same job)

Name of the Organisation	Position Held	Period of Association	Nature of Work

Name and address of referee who is not a family member and close relative and who is in a position to comment on the applicant's suitability for this course

Name _____

In what capacity the referee knows you _____

Address of the referee _____

_____ Phone (with code) _____ E-mail _____

Please mention your source of information about this course by marking relevant option(s)

Newspaper Advertisement (please mention the publication name) _____

Internet Friends / Relatives EDI's current batch students / Alumni

Brochures / Posters / Leaflets Presentations in your college Education Expo

Are you eligible for exemption from the written test Yes No

If Yes, based on MAT CAT GMAT ATMA XAT

Score _____ (Please attach a copy of your Score Report)

Test / PSA & PI Date _____ Test Centre _____

Declaration

- I hereby declare that the information as provided by me is true and correct. If at any stage i.e., during /after the completion of the course the details as provided by me are found to be incorrect, I would have no objection returning the diploma offered to me
- I have fully understood the programme, contents & the affiliations
- I shall not indulge into any activities which will be detrimental to the institution
- I shall abide by the rules framed by the management of the institution from time to time
- Refund of programme fee will be governed by the rules of the management

Date:

Signature

Place:

Documents to be Attached

- a. Birth Certificate / High School / Higher Secondary Certificate mentioning date of birth
- b. The photocopy of Academic Records (X, XII & Degree)
- c. Work Experience Certificate, If Any

Interview with the Dean / EDI representative

Principal's Remarks

Date of Submission:

For further details, contact:

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