



SCMS COCHINTM SCHOOL OF BUSINESS

PRATHAP NAGAR, MUTTOM, ALUVA, COCHIN-683 106
Ph: 91-484-2623803/04, Fax: 91-484-2623855, Web: scmgroup.org E-mail: scms@vsnl.com

For office use only

AD	
Interview Date	
Reg. fee Rt. No. & Date	₹ 1950/-

Roll No. _____

APPLICATION FOR ADMISSION TO P.G. DIPLOMA IN MANAGEMENT (PGDM)

Affix your recent photograph of 4.5 x 3.5 cm. size

Read instructions at the end of this form carefully before you fill up the application form

A. State your choice of Programme

Programme	
PGDM	<input type="checkbox"/>
PGDM (Retail Management)	<input type="checkbox"/>

B. Personal data

B-1 Name

B-2 Date of Birth B-3 Sex F M

B-4 Address E-mail: Mobile:

a) Mailing

PIN State

Phone

b) Permanent

PIN State

Phone

C. Details of Entrance Test

C-1 Name of the Entrance Test

C-2 Test Date

C-3 Roll No. / OMR No.

C-4 Score Percentile

D. Family details

D-1 Name of Father

D-2 Occupation with Office Address

E-mail: Mobile:

D-3 Name of Mother

Occupation with Office Address

E-mail: Mobile:

D-4 Family Annual Income

E. Academic performance

E-1 Education

Stage	Name of Course	Board/University Institute	Name of Educational Institution	% of marks obtained	Year of Passing	Class/ Division obtained
Secondary School Examination						
Higher Secondary School Examination						
Graduation						
Post Graduation/ Professional Qualification						

E-2 Details of Marks in Degree Examination (including language marks)

Year / Semester	I	II	III	IV	V	VI	VII	VIII	Total
Total Marks / Grade									
Marks/Grade Obtained									
% of Marks									

E-3 Any other achievement - Academic or otherwise

.....

.....

.....

E-4 Please account for break in your academic career, if any

.....

.....

.....

E-5 Work Experience in months:

Name of the Organisation	Designation	From Month/Year	To Month/Year

F. Statement of Purpose
 (Please write in 200 words your reason for joining our PGDM Programme)

G. Registration Fee: ₹ 1950/-

DD No. dated Bank Branch

H. Documents submitted along with the application. Tick the box for each item.
 (Failure to submit photocopies of relevant certificates/marklists will disqualify the applicant)

Secondary School Higher Secondary Graduation Marklist-1st year 2nd year 3rd year 4th year
 PG/Professional Test Score Card Registration Fee

DECLARATION

We hereby declare that the particulars given by us in this application and the testimonials submitted in support of them are true to the best of our knowledge and belief. If any discrepancies are found in it at a later stage SCMS will have the right to ask us to withdraw from the Programme after paying the balance tuition fee. We also confirm that we shall abide by all rules and regulations of the Institute in the conduct of the Programme.

Place _____ Signature of the Parent _____ Signature of the candidate _____
 Date _____ Name _____ Name _____

Instructions for filling the Application Form

- 1) Fill in the application form in Capital Letters only.
- 2) Please enclose attested photocopies of all testimonials along with the form. All certificates (originals) should be produced at the time of interview.
- 3) **Make sure you sign and put the date on the form and enclose a crossed demand draft for ₹ 1950/- in favour of SCMS-COCHIN, payable at Ernakulam, towards Registration fee.**
- 4) **Partially filled up or incorrectly filled up applications will be summarily rejected.**