



AVINASHILINGAM SCHOOL OF MANAGEMENT TECHNOLOGY

AVINASHILINGAM UNIVERSITY FOR WOMEN

(Established under Sec 3 of the UGC Act, 1956 vide notification No.F.9-20/84-U3 dt. 8th June, 1988 of the Government of India.)

COIMBATORE - 641 043

APPLICATION FOR ADMISSION TO MBA COURSE - 2009-2010

TO BE FILLED IN BY THE OFFICE		TO BE FILLED IN BY THE CANDIDATE	
Reg. No. <input type="text"/>	Date <input type="text"/>	<u>INDICATE PREFERENCE (1, 2)</u>	
Fee Rt. No. <input type="text"/>	Date <input type="text"/>	MBA - General Administration <input type="checkbox"/>	
SC <input type="checkbox"/>	ST <input type="checkbox"/>	MBC <input type="checkbox"/>	BC <input type="checkbox"/>
		OC <input type="checkbox"/>	MBA - IT Organisation Administration <input type="checkbox"/>

1. Name of the applicant in full in English (BLOCK Letters):

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2. Age and Date of Birth in Christian era:		Date	Month	Year
		<input type="text"/>	<input type="text"/>	<input type="text"/>
3. a. Nationality	b. Religion	c. Mother Tongue		
4. Indicate whether you belong to SC/ST/MBC/BC/OC (Copy of Community Certificate should be enclosed, if SC/ST/MBC/BC)	SC	ST	MBC	BC
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affix Passport Size Photograph taken within a period of 3 months prior to submission of application

5. Community:

6. Details of Parents / Guardian	Father	Mother	Guardian
1. Name			
2. Occupation / Designation			
3. Annual Income			
4. Phone No.			

7. Address to which Communications are to be sent:

.....

Pin

Phone No.

with STD code

Email:

8. Educational Qualification					
(a) Name of the qualifying degree (UG)	College & University Studied	Registration No	Month & Year of passing	Marks/Grades obtained	Maximum Marks
(b) Other Qualification	Course	College/University			

Note: Application should be filled in completely. Incomplete applications will be rejected. Last date for receipt of filled in application form is 31/03/2009

9. Particulars of Common Entrance Test

Tick the Exams Applicable and give details	Register Number	Month & Year of passing	Marks / Grades obtained		
				CAT	MAT
1.					
2.					

[Attested copies of the Degree Mark Sheets and Entrance Exam Scores should be enclosed]

10. Employment details (chronological order) if candidate is employed

Name of the Organisation/ Institution	Designation	Nature of Job		From	To	Total years of experience as on 1, Jan 2009	
		Teaching	Non-Teaching			Teaching	Non-Teaching

11. Is hostel accommodation required? Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Languages known	Read	Write	Speak
13. 1. Are you Physically Handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. If yes, the Nature of Handicap (a) Blind (b) Deaf / Dump (c) Ortho (Attach a true copy of Medical Certificate in support of the above)		14. Any other Physical defect pointed out by medical Officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', has it been remedied? Yes <input type="checkbox"/> No <input type="checkbox"/> (Medical fitness certificate to be enclosed)		

15. Extra curricular activities: Please tick (✓)

Name of the Scheme	NAEP / N.S.S. <input type="checkbox"/>	N.C.C. <input type="checkbox"/>	Planning Forum <input type="checkbox"/>	Social Service <input type="checkbox"/>	Youth Service Corps <input type="checkbox"/>	Any Other <input type="checkbox"/>
16. Sponsorship details:	Organisation:					

I declare that the particulars given above are correct. I have understood the rules specified by the University Prospectus and agree to abide by the conditions specified therein, if selected.

I also declare that correct marks are furnished by me in the application form and I agree to abide by the conditions that if, after proper scrutiny of my marks, it is found that the marks furnished by me in the application form are not correct, (i) I will forfeit the admission, no matter at what stage of the course I will be at that time (ii) I may be debarred from pursuing the studies for a period of two years and (iii) legal action may be instituted against me for furnishing wrong marks.

Signature of the Applicant.....

Station :
Date :

Signature of the Parent / Guardian.....

Application and all correspondence should be addressed to the Registrar, Avinashilingam University For Women, Coimbatore - 641 043, Tamil Nadu. **Enclose DD worth Rs.500 with this application (Rs.250 for SC/ST)**

Please do not submit Original Certificates with this application.