



# St. Francis Institute of Management and Research

(AICTE APPROVED AND AFFILIATED TO MUMBAI UNIVERSITY)

Mount Poincur, S.V.P. Road, Borivali (W), Mumbai 400 103

Tel: 2891 7089 / 2892 9156 Fax: 2890 6567

E-mail: [info@sfimar.org](mailto:info@sfimar.org) Website: [www.sfimar.org](http://www.sfimar.org)

Form No: \_\_\_\_\_

## ADMISSION FORM Post Graduate Degree in Master of Management Studies (MMS)

2017 - 2019

photo 3.5x2.5

To be filled in by the candidate in **BLOCK** letters in his own handwriting .Please ( ✓ ) in box wherever applicable.

1. Name : \_\_\_\_\_  
(Surname) (First Name) (Father's Name) (Mother's Name)
2. a) Date of Birth : \_\_\_\_\_  
(In Figures) (In Words)
- b) Place of Birth: \_\_\_\_\_  
(District) (City) (State)
3. Male or Female: \_\_\_\_\_ 4. Married or Single: \_\_\_\_\_ 5. Blood Group : \_\_\_\_\_
6. (a) Nationality : \_\_\_\_\_ b) Religion : \_\_\_\_\_ c) Mother Tongue : \_\_\_\_\_
7. (a) Mobile No.: \_\_\_\_\_ (b) E-mail Address: \_\_\_\_\_
8. Do you belong to SC/ST/VJ/NT-1/NT-2/NT-3/OBC/Hindu Maratha/OPEN Category?: \_\_\_\_\_  
Caste: \_\_\_\_\_ Sub Caste: \_\_\_\_\_
9. Category : 1)  Minority 2)  ACAP-Minority 3)  Institutional Seats 4)  CAP 5)  ACAP
10. University: A)  University of Mumbai B)  Other than University of Mumbai in Maharashtra  
C)  Out of Maharashtra State D)  Jammu & Kashmir

Name of University : \_\_\_\_\_  
State : \_\_\_\_\_

11. **ENTRANCE TEST** : (Please ✓ any One entrance test)

- |                                   |                          |
|-----------------------------------|--------------------------|
| 1. MAH-MBA/MMS-CET 2017           | <input type="checkbox"/> |
| 2. CAT (conducted by IIMs)        | <input type="checkbox"/> |
| 3. MAT 2017 (conducted by AIMA)   | <input type="checkbox"/> |
| 4. ATMA (conducted by AIMS)       | <input type="checkbox"/> |
| 5. XAT (conducted by XLRI)        | <input type="checkbox"/> |
| 6. CMAT 2017 (conducted by AICTE) | <input type="checkbox"/> |
| 7. GMAT                           | <input type="checkbox"/> |

a) APPLICATION ID NO: \_\_\_\_\_ b) ROLL NO: \_\_\_\_\_ c) Month/Year: \_\_\_\_\_

d) SCORE :

e) PERCENTILE:

12. **ACADEMIC QUALIFICATIONS:**

(a) **Pre-University:**

Name of Examination	Board	Year of Passing	% of Marks	Div./Class
Std X				
Std XII				

(b) **Graduation:**

Name of Examination	University	Year of Passing	% of Marks	Div./ Class	CGPA	Grade
First Year or First Sem.						
Second Year or Second Sem.						
Third Year or Third Sem.						
Fourth Sem.						
Fifth Sem.						
Sixth Sem						
Seventh Sem.						
Eighth Sem.						

Note: a) *In case of CGPA students should give the equivalent percentage. Please attach the applicable conversion scale for reference.*  
b) *Wherever Semester system is applicable please enter all Semester marks.*

(c) **Post Graduation/Any Other:**

Name of Examination	University	Year of Passing	% of Marks	Div./ Class	CGPA	Grade
First Year						
Second Year						

Note: If there is any break in studies please explain

13. (a) Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Resi. Tel. No.: \_\_\_\_\_

(b) Mailing Address :(If different from above): \_\_\_\_\_

\_\_\_\_\_