



# St. Francis Institute of Management & Research (PGDM)

Affiliated to the University of Mumbai | Approved by AICTE, New Delhi & DTE, Maharashtra.  
An ISO 9001:2015 Certified and NAAC Grade "A" Accredited Institute

Mt. Painsur, SVP Road, Borivali West, Mumbai 400103.

Tel: 022 - 2891 7096 / 2891 7089, Ext. No. 147, 146, 145. Email: pgdm@sfimar.org Website : www.sfimar.org



Application No. \_\_\_\_\_

## ADMISSION FORM POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM)

Colour Photo  
3.5 x 2.5 cm

20\_\_\_\_ - 20\_\_\_\_

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

1. Name : \_\_\_\_\_  
(As per Degree Marksheet) (Surname) (First Name) (Father's/Husband's Name) (Mother's Name)

2. a) Date of Birth (dd/mm/yyyy):

b) Place of Birth: \_\_\_\_\_  
(City) (District) (State)

3. Gender: M  F

4. Marital Status: Single  Married

5. Blood Group: \_\_\_\_\_

6. Aadhar Card No.: \_\_\_\_\_

7. (a) Nationality: \_\_\_\_\_ b) Religion: \_\_\_\_\_ c) Mother Tongue: \_\_\_\_\_

8. (a) Mobile Number: \_\_\_\_\_ b) E-mail Address: \_\_\_\_\_

9. (a) Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Resi. Tel. No.: \_\_\_\_\_

(b) Correspondence Address: (If different from above): \_\_\_\_\_  
\_\_\_\_\_ Pin Code \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Resi. Tel. No.: \_\_\_\_\_

10. Do you belong to SC/ST/VJ/NT-1/NT-2/NT-3/OBC/HINDU MARATHA/OPEN Category?: \_\_\_\_\_  
Caste: \_\_\_\_\_ Sub Caste: \_\_\_\_\_

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

- |                                      |                          |
|--------------------------------------|--------------------------|
| 1. MAH-MBA/MMS-CET 2021              | <input type="checkbox"/> |
| 2. CAT (conducted by IIMs)           | <input type="checkbox"/> |
| 3. MAT 2020-2021 (conducted by AIMA) | <input type="checkbox"/> |
| 4. ATMA (conducted by AIMS)          | <input type="checkbox"/> |
| 5. XAT (conducted by XLRI)           | <input type="checkbox"/> |
| 6. CMAT 2021 (conducted by AICTE)    | <input type="checkbox"/> |

a) REGISTRATION NO. \_\_\_\_\_ b) APPLICATION ID NO: \_\_\_\_\_ c) ROLL NO: \_\_\_\_\_

d) MONTH/YEAR: \_\_\_\_\_ e) SCORE: \_\_\_\_\_ f) PERCENTILE: \_\_\_\_\_

12. DETAILS OF PARENTS:

Father

Mother

- |  |   |           |            |
|--|---|-----------|------------|
| a. Name                                  | : | Mr. _____ | Mrs. _____ |
| b. Educational Qualifications            | : | _____     | _____      |
| c. Occupation<br>(Company & Designation) | : | _____     | _____      |
| d. Annual Income                         | : | _____     | _____      |
| e. Mobile/Landline                       | : | _____     | _____      |
| f. E-mail Address                        | : | _____     | _____      |

13. Academic Qualifications

(a) Pre-University

Name of Examination	Board	Year of Passing	Total Marks	Marks obtained	% of Marks	Div. / Class	CGPA	Grade
Std X								
Std XII								

(b) Graduation: Please specify

Name of Examination	University	Year of Passing	Total Marks	Marks obtained	% 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								
Aggregate								

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: Please specify

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

Note: a) If there is any break in studies please explain.

(d) Any Other: Please specify

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

Note: a) If there is any break in studies please explain.

14. Work Experience : Attach copies of Experience Certificate

Name of Organization	Designation	Tenure		Experience Years & Months	Job Description
		From	To		

15. How did you come to know about the Programme ?

1. Word of Mouth  2. Newspaper Advt./ Hand Bill  3. Friends  4. Others \_\_\_\_\_  
(Pl. Specify)

16. Extracurricular / Co-curricular activities details:

Hobbies & Interest : \_\_\_\_\_

Computer skills : \_\_\_\_\_

Languages known : \_\_\_\_\_

17. Strength/Weakness:

Personal Strength : \_\_\_\_\_

Personal Weakness : \_\_\_\_\_

18. Payment of form: Cheque  Cash  D/D

If the form is downloaded from the website attach Demand Draft of Rs. 1500/-  
(Rupees \_\_\_\_\_ only) in favour of St. Francis Institute of Management & Research” payable at Mumbai.

1. Demand Draft No. : \_\_\_\_\_ 2. Date: \_\_\_\_\_ 3. Amount: Rs. 1500/-

4. Bank: \_\_\_\_\_ 5. Branch: \_\_\_\_\_

❖ **DECLARATION BY THE CANDIDATE:**

The information given by me in my application is true to the best of my knowledge and belief. I understand that if any statements made by me in the application form or any information supplied by me in connection with my admission is later on at any time, found to be incorrect, my admission will be cancelled, fees paid will be forfeited and I may be expelled from the institute.

I have not been debarred from appearing at any examination held by the government constituted or statutory authority in India or overseas.

I am aware that any rule enforced by the Institute authority or any government authority such as 'number of attempts permissible to pass the examination' shall be binding on me.

I hereby agree to abide by all rules, regulations, laws and acts enforced by the Institute and the Government and I hereby undertake that, I will do nothing inside or outside the Institute premises which may result in disciplinary action against me under these rules, regulations, laws and acts referred to.

I fully understand that the Chairman / Director / Dean of the Institute has a right to expel me from the Institute for any infringement of the code of conduct and discipline prescribed by the Institute or Government and the undertaking given above.

Condition of minimum Attendance: I am fully aware that, I would not be permitted to appear for the examinations both Term End as well as Continuous Internal Assessment if I do not attend 75% classes of theory, practical, workshops, seminars, conferences and projects. I am also aware that I will not be permitted to appear for the examination, if I fail to submit satisfactorily all the assignments, journals, reports as specified from time to time by the competent authority within the stipulated time limit.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_

❖ **DECLARATION BY PARENT / GUARDIAN:**

I \_\_\_\_\_ declare that the particulars furnished by my son / daughter / ward in this application form are correct to the best of my knowledge and belief.

I undertake and bind myself to pay on behalf of my son / daughter / ward such fees, charges, etc which the Institute may levy from time to time, by due date and in the event of default or failure on my part and / or on the part of my son / daughter / ward, the competent authority of the Institute is at liberty to take such action against my son / daughter / ward, as it deems fit.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

**FOR OFFICE USE ONLY:**

1. Documents Submitted by Candidate on securing admission:

Sr. No.	Documents	Original	No. of Copies
1.	Entrance Test Score Card		
2.	Statement of Marks of Std. X <sup>th</sup> Examination		
3.	Passing Certificate of Std. X <sup>th</sup> Examination		
4.	Statement of Marks of Std. XII <sup>th</sup> Examination		
5.	Passing Certificate of Std. XII <sup>th</sup> Examination		
6.	Leaving Certificate of XII <sup>th</sup>		
7.	Statement of Marks for the Bachelor's Degree Examination		
8.	Convocation Degree/Passing Certificate		
9.	College Leaving / Transference Certificate from the college last attended by the students to be submitted		
10.	Birth Certificate / Domicile Certificate		
11.	Work Exp. Certificates / Release letter.		
12.	Physical Fitness Certificate from a Registered Medical Practitioner (Original Copy Only)		
13.	Latest Colour Photograph (3 Nos. (3.5cm x 2.5 cm))		
14.	Gap Certificate		
15.	Aadhar Card		

Note: All the above documents should be submitted in original + 1 attested copy.

\* **Scan Copies of all the academic documents are required to submit for NAD registration.**

Sign of PGDM Administration staff : \_\_\_\_\_ Students Signature : \_\_\_\_\_

**FOR OFFICE USE ONLY**

Admission Confirmation (Tick whichever applicable)

Granted  Non-Granted

\_\_\_\_\_  
**Signature of Competent Authority**

**To be filled at the time of leaving the Institute:**

I \_\_\_\_\_ student of \_\_\_\_\_ Batch 20\_\_\_\_ - \_\_\_\_\_, Enrollment No. \_\_\_\_\_ hereby acknowledge that I have received the following original documents submitted by me to the Institute.

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_  
 (5) \_\_\_\_\_ (6) \_\_\_\_\_  
 (7) \_\_\_\_\_ (8) \_\_\_\_\_  
 (9) \_\_\_\_\_ (10) \_\_\_\_\_

Sign of PGDM Administration staff & Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**