



# Jagmohan Institute of Management & Technology

Approved by : AICTE & Affiliated to : Maha Maya Technical University, Gautam Budh Nagar, U.P. (Formerly UPTU)

## APPLICATION FORM MBA COURSE APPLIED FOR MBA

**For office use only**

Admitted  
 Rejected  
 Waiting list

Remarks \_\_\_\_\_

PHOTO

### Personal Details: (In Block Letters)

Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Place of Birth : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No \_\_\_\_\_

E-mail ID \_\_\_\_\_

Permanent Address : \_\_\_\_\_

State \_\_\_\_\_ Pin \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No \_\_\_\_\_

### Academic Details:

S.No.	Exam Passed	Univ./Board	School/College	Year	Marks
1.	Class X				
2.	Class XII				
3.	Graduation				
4.	Post Graduation				
5.	Computer Course				
6.	Any Other				

## Jagmohan Institute of Management & Technology

12th KM Stone, Delhi-Sharanpur Highway, Masoori, Link Road, Khekhra, Distt-Baghpat (U.P.)

Corporate Office : A-9, DSIDC, Partparganj Industrial Area, Delhi--92

Tele Fax : 011-43095395, Mob.: 09560067374, 07838463455, Website : [www.jimt.org.in](http://www.jimt.org.in), E-mail: [contact@jimt.org.in](mailto:contact@jimt.org.in)

**Aptitude Test Scores :**

Please specify the composite score and percentile you have received in any of the following tests.

\_\_\_\_\_ MAT \_\_\_\_\_ ATMA \_\_\_\_\_ CAT \_\_\_\_\_ XAT

**General:**

- Are you have any disability or illness, which might affect your academic progress ??

Yes  No

- Are you presently pursuing any other course of study ?

• Yes  No

If yes please give details \_\_\_\_\_

- How did you come to know about Jagmohan Institute of Management & Technology ?

Friends Acquaintances / Relative

Advertisement in Newspaper

The Internet

Magazine

Other Source \_\_\_\_\_

**Application Processing Fee Details:**

Bank Draft / Cash Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Issuing Bank \_\_\_\_\_

Branch \_\_\_\_\_ for Rs 500/- (Five Hundred Only).

**Hostel Required**

Yes  No

**Reference:**

Name and address of the person who referred:

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature of Parents / Guardian

Date :

Signature of Applicant

Place :