



GNVS Institute Of Management
G.T.B Nagar, Sion-Koliwada (E), Mumbai – 400037

APPLICATION FORM
(Name to be filled in Block Letters)

Paste
passport size
photograph
and sign
across

Form No: GNVS /MMS/16-17/

I Ms. / Mr. _____, hereby request you to admit me in **MMS- I** course conducted by your Institute. I hereby state that I will abide by all rules & regulations laid down by the institute & University of Mumbai from time to time as a student of the institute. I agree to abide by rules of attendance of at least 75 % in every subject as required by University of Mumbai.

Student's Signature

I - Personal Information:

1. _____
Surname First Name Middle Name Mother's Name
1. Category : Open OBC SC ST VJ/DT NTB NTC NTD PH Others :
2. Date of Birth : 4. Blood Group : _____
5. Name of CET : CET Score :
6. Correspondence Address : Permanent Address :

Pin code: _____
City _____ State _____
Tel - (Residence) _____ Mobile _____
Email _____
Alternate Email _____

Pin code: _____
City _____ State _____
Tel - (Residence) _____ Mobile _____
Email I _____
Alternate Email _____

II - Academic Details :

	Qualification / Examination	University /Board	College / Institute Name	Year Of Passing	% Aggregate Marks / CGPA Grade
Post Graduation					
Graduation					
HSC / Equivalent					
SSC / Equivalent					
Any Other					

III - Work Experience :(if any) : (Add extra paper if needed)

IV – Family Background:

Sr. No.	Person	Name	Educational Qualification	Occupation	Contact Number
1.	Father				
2.	Mother				
3.	No. in Family				
4.	Husband/ Guardian				

V- Specialization interested in MMS : (Please tick ✓)

i. Marketing ii. Finance iii. Human Resource iv. Operations v. Information Technology.

Note: Specialization cannot be changed once admission is done. You can avail of counseling, if need be.

Declaration by the Student:

I Ms. / Mr. _____ hereby declare that the information and documents submitted by me to GNVs Institute of Management are true and to the best of my knowledge and I will be responsible for the consequences, if proved otherwise.

Date: _____

Student's Signature

Declaration by the Parent / Guardian:

Ms. / Mr. _____ is my daughter / son / ward. She / he is an adult citizen wanting to pursue MMS course. While it is expected that she / he owns responsibility of her / his achievements /failures , I promise to take interest in her / his endeavour of pursuing MMS course and shall participate actively in making her/him successful . I can be contacted without hesitation on my telephone number given below:

Name: _____

Signature

Tel No: _____ Mob: _____

Date: _____

For Office Use Only

Form No: GNVs/MMS/2016-17/

1. Fee Receipt No : _____ Date : _____
(At the time of admission)

2. Pay Order / DD No. _____ dated : _____ Rs. _____

Drawn upon: _____ Bank _____

Checks:

1. Fees paid * Accountant : _____

2. Original Certificates Submitted * Administrator : _____

3. All necessary formalities completed * Director : _____

Date: _____