



SDM INSTITUTE FOR MANAGEMENT DEVELOPMENT
 #1, Chamundi Hill Road, Siddarthanagar Post, MYSORE – 570 011.

Please attach latest passport size photo of the candidate.

Certificate Programme in Business Management

APPLICATION FORM

Personal Details :

Name of the Candidate (as in official records) :

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Address for Communication :

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Phone : (Mobile / Landline) Email :

Employer Details :

Organization type : Public Company Private Company PSU
 State Govt. Central Govt. NGO

Other (please specify) :

Industry : IT / Software Manufacturing BPO / KPO

Other (please specify) :

Candidate Experience Details :

Experience in Months :

Main area of responsibility : Sales / Marketing HR / Training Finance
 Engineering Info Systems Gen. Management

Other (please specify) :

Candidate Educational Details :

UNIVERSITY / BOARD	EXAMINATION PASSED	YEAR	MARKS (%)
10 th Standard :			
12 th / PUC :			
Degree / Diploma :			

Sponsor Details (if any) :

Name of the Sponsor :

Designation :

Address :

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Declaration :

I solemnly declare that the information provided in this application is true to the best of my knowledge. I accept the right of the SDM Institute for Management Development, Mysore to deny me admission and/or ask me to leave the programme if the information provided by me is found to be false.

I understand that this application does not guarantee that I will be selected to participate in the programme for which I have applied. I am aware that the SDM Institute for Management Development, Mysore will evaluate my candidacy based on the information provided and offer me an opportunity to attend the programme only if I meet the base requirements and am ranked among those shortlisted for the programme. I accept that the decision of SDM Institute for Management Development, Mysore with respect to this application is final.

Please mail to : The Program Co-ordinator
Certificate Programme in Business Management
#1, Chamundi Hill Road, Siddarthanagar Post, Mysore – 570 011.
Telephone : 0821-2429722 / 2429161 Fax : 0821-2425557
Email : cpbm@sdmimd.ac.in

Date :**Signature** :