

4b. Employment Information (Part Time)

Sl.No.	Organisation	Duration of Service			Designation	Nature of Work	Gross Salary P.A
		From (Date)	To (Date)	Total (Months)			
1							
2							
3							
4							

5. Application form payment details

i) HDFC Bank Challan No. _____ HDFC Bank Branch _____

ii) D.D. No. _____ Date _____ Bank _____ Branch _____

iii) Coaching Centre Name _____ Centre _____

Receipt No. with date : _____

(i) Please choose any one of the three items mentioned above (i, ii, or iii)

(ii) Enclose photocopy of the challan/original D.D./ Receipt received from coaching centre

6. Address for correspondence

House No. / Street																					
Post																					
City																					
State																					
Phone																					
Mobile																					
Email ID											Alternate Email ID										

7. Permanent Address

House No. / Street																					
Post																					
City																					
State																					
Phone																					
Mobile																					
Email ID											Alternate Email ID										

8. Nationality Indian Others If others, please specify the country _____

9. Parent/Guardian Name _____

10. Date of Birth

D	D
<input type="text"/>	<input type="text"/>

M	M
<input type="text"/>	<input type="text"/>

Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Age

<input type="text"/>	<input type="text"/>
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11. Gender (Put a ✓ Mark in the appropriate box) M F

12. Indicate your preference for GD-PI Centre from the list given below. Write 1, 2 and 3 for first, second and third preference respectively.

Ahmedabad Bangalore Bhubaneswar Chennai Cochin(Ernakulam)
Hyderabad Indore Jaipur Kolkata Lucknow
Mumbai Mysore New Delhi

Note : SDMIMD reserves the right to cancel or change any GD-PI Centre at its discretion without assigning any reason thereof.

13. Extra-Curricular Activity/Achievements

Sl. No.	Nature of Activity	Achievements

14. Hobbies

Sl. No.	Nature of Activity	Achievements

We will appreciate if you kindly fill up question 15 and 16

15. Your Preparation for CAT(Please ✓ appropriate box) Own Preparation Coaching Centre

Name of Coaching Centre _____

16. How did you know about SDMIMD? (Please ✓ appropriate box)

Advertisement Friends Website Coaching Centre Alumni
1st year Student 2nd Year Student

Please specify the Name of Coaching Centre / Alumni / 1st or 2nd year student / Website address.

DECLARATION

I hereby declare that the information furnished in the application form is true and correct to the best of my knowledge and belief. I also declare that I will produce all original certificates whenever it is required. I also understand that misrepresentation or omission of facts in my application can lead to denial of admission, cancellation of admission and even warrant expulsion from the PGDM programme.

Place :

Date :

Signature of the Candidate

Name of the Candidate

Important Dates

Closing date for CAT-2009 Registration : October 01, 2009

SDMIMD Application Window : September 10 to March 06, 2010

CAT Test Window : November 28 to December 07, 2009

Check List (Please ✓ the appropriate box)

1. Affix **Photograph** in the appropriate box.

2. Enclose photocopy of **HDFC Bank Challan.**

OR

Original Demand Draft of Rs. 1350

(In favour of The Director,
SDM Institute for Management Development,
Payable at Mysore.)

OR

Photocopy of payment **receipt** received from the **coaching centre.**

3. Photocopy of **CAT registration card.**

4. **Enclose Acknowledgment Card**
(Not applicable for downloaded application)

Please send the filled in application form along with relevant documents including DD/HDFC Bank Challan/Coaching Centre Receipt to
Admission Office

SDM Institute for Management Development

1, Chamundi Hill Road, Siddarthanagar Post, Mysore-570 011, Karnataka, India

Phone : Admission: +91-821-2429722, 2420490(Direct) Extn : 2010 and 2012

E-mail : admission@sdmimd.ac.in

For Office Purpose

Date of Receipt _____ Date of Entry _____

Payment Received Y N Payment Details _____

Signature :