

12. Person with Disability: PH-1 Blind PH-2 Dumb & Deaf PH-3 Orthopedic disorders

13. Educational Background

Education	Marks Obtain	%	Grade	Month & Year of Passing	Board/ University	Name of the Institution
10th (SSC)						
12th (HSC)						
Bachelor's Degree ()						
Master's Degree ()						
Any Other ()						

14. Work Experience

Name of the Company	Designation	Duration		Salary	Nature of the Job
		From	To		

DECLARATIONS

I, hereby, declare that all information provided by me is true to the best of my knowledge and belief and that any discrepancy found, herein, will automatically imply cancellation of my admission to the MMS Post-Graduate Degree Course. I am aware that my Admission to the MMS Post-Graduate Degree Course is PROVISIONAL and is subject to the confirmation by the AICTE/DTE/University of Mumbai and related competent authority. I know that an incomplete Admission Form is liable to be summarily rejected.

I agree to abide by the Rules and Policies of the B-School contained in its Brochure in letter and spirit and I understand that they are binding on me.

Place: _____

Date: _____

Student's Signature: _____

Guardian's Signature: _____

FOR OFFICE USE ONLY

Receipt No.: _____

Admitted

Date: _____

Amount: _____

Director