

**DATA FORM**

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here

**PERSONAL**  **Mr.**

**Ms.**

<b>Physical Standard</b>		<b>Date of Birth</b>	<b>Nationality</b>	<b>Category (Plz Tick)</b>			
Height	Weight			Gen	OBC	SC	ST
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROGRAM APPLYING FOR**  
(You may be offered alternate program in case you do not clear the cut-off for your main program)

**CHOOSE ALTERNATE PROGRAM FROM LIST OF PROGRAMS UNDER SAME ELIGIBILITY**

**CATEGORY :**  **NON-SPONSORED**  **SPONSORED**  **NRI**

**HAVE YOU PREVIOUSLY APPLIED TO SIMT?**  **YES**  **NO**

<b>Programme</b>	<b>Year</b>	<b>Were you Selected?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
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**CORRESPONDENCE ADDRESS**  
(For all communication including letter of admission)

Telephone Number (Includes STD)

Home

Other

Mob.

**PERMANENT ADDRESS**

Telephone Number (Includes STD)

Home

Other

Mob.

**MANDATORY E-MAIL ADDRESS**  
(All admission Correspondence will be done through e-mail)

**For Office use only**

**PREQUALIFYING TEST**  
(Only for MBA Programmes)

CAT	Test Date _____	Score _____ (Enclose Copy of Score card)
MAT	Test Date _____	MAT Form# _____
GMAT	Test Date _____	Score _____ (Enclose Copy of Score card)

**ALUMNI**

Have any of your family member studies at the SIMT? Yes  No

Name \_\_\_\_\_ Programme \_\_\_\_\_ Year \_\_\_\_\_

What is the relation to you \_\_\_\_\_

**ACCOMMODATION**

Will you be requiring Hostel Accommodation? Yes  No

**ENCLOSURES**

**CHECK LIST**

(Incomplete forms will be rejected)

Listed below is each item which must accompany this form. To ensure prompt and accurate processing of your application, check each item you are enclosing with the application.

<input type="checkbox"/> Photograph	<input type="checkbox"/> Details of Payment
<input type="checkbox"/> Data Form (Form 1)	<input type="checkbox"/> Cash Receipt No.
<input type="checkbox"/> Personal Information (Form 2)	<input type="checkbox"/> D.D.No.
<input type="checkbox"/> Question & Essays (Form 3)	<input type="checkbox"/> Bank Name
<input type="checkbox"/> Reference Form (Form 4)	<input type="checkbox"/> On line Transaction No.& Receipt No.
<input type="checkbox"/> Photocopy of Educational Marksheet	
<input type="checkbox"/> Other (Please Specify)	

**SIGNATURE**

I hereby certify that the information given in the Application (All relevant Form) is Complete and accurate. I Understand and agree that misrepresentation omission of facts will justify the denial of admission, the cancellation of admission, or expulsion

**“All fees once paid will not be refundable.”**

I have read and do hereby consent to the Terms & Condition for Admission being enclosed with the Admission Application Form.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**PERSONAL INFORMATION FORM**

Affix recent  
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photograph  
here

**PERSONAL**

**Mr.**

**Ms.**

**FAMILY INFORMATION**

Family Designation Member	Name	Age	Degree	University	Occupation/ Organisation	

**EDUCATIONAL QUALIFICATIONS**

(Attach photocopies of all academic marksheets with the form. The original transcripts will be required at a later stage. If you have not received your final results, give all your previous years final results as an indicator.)

Name of School/ University	City	Years attended	Name of Board/Degree	Main Subjects	Aggregate
Class 10 <sup>th</sup>					
Class 12 <sup>th</sup>					
Graduation					
Post Graduation					

Have you ever been suspended, dismissed or put on academic probation or warning at any school or college?

Yes  No

If "Yes" please explain on a separate sheet or paper

**LANGUAGE PROFICIENCY APART FROM ENGLISH**

(5= totally fluent, 1= Novice)

LANGUAGE	SPOKEN	WRITTEN
1.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



QUESTIONS AND ESSAYS

PERSONAL

<input type="checkbox"/>	MR.		
<input type="checkbox"/>	MS.		

1. What are your personal and professional goals and how will the programme for SIMT help you achieve them?


2. Name your two biggest-  
Strength

Weaknesses


3. What justifies that you have an aptitude for management educative training?


4. What personal qualities you would bring that would impact the and intellectual extra curricular life of your class mate is the SIMT.


- 5. Express your Imagination of a situation where you were at the verge of failure but turned it in to success through your ingenuity?**


- 6. How do you purposed to serve the society after becoming a management professional at SIMT**


## REFERENCE FORM

Confidential

PERSONAL

MR.

MS.

NAME OF PROGRAMME

Dear Applicant, please deliver or mail this form together with an enclosed Reference Form Envelope to the person who will write your reference. The Person who is writing your reference can be some one of eminent standing in corporate or your teacher in your final two years of study. Ask your valuator to enclose the form he/she has written, seal the envelope, sign across the seal and mail/give it to you. Enclose the sealed envelope with your completed application. Your application will not be processed without the references.

Dear Evaluator, the above person is applying for admission to SIMT. Our aim is to help students discover their dormant qualities, and by developing their knowledge base, initiative, confidence and creativity to give them new thoughts, new visions, new ambitions as a foundation for their growth into competent and responsible professionals. We would be very grateful for your candid assessment of the applicant which would assist the Admission Committee in its evaluation. This Form is to be returned to the applicant.

*(Please seal and sign the back flap of the enclosed envelope.)*

For any further information on SIMT, you may refer to our website: [www.simtrdr.org](http://www.simtrdr.org).

How long and under what circumstances have you known the applicant? Please comment on the frequency of your interaction.


Do you feel the course the applicant is applying for is suitable for him/her? If not, please suggest which course will be best for suited


Please list some adjectives which describe the applicant.


Using the chart below please evaluate the applicant as best and as fairly as you can, relative to their peers. Place an "X" in the appropriate boxes.

	Not observed	Below average	Average (top 50%)	Average (top25%)	Average (top10%)	Average (top5%)	Average (top2%)
<b>Intellectual ability</b>							
<b>Decision making skills</b>							
<b>Oral Communication Skills</b>							
<b>Self-confidence</b>							
<b>Leadership</b>							
<b>Self-motivation</b>							
<b>Maturity</b>							
<b>Ambition/drive</b>							
<b>Ability to work with others</b>							
<b>Creative qualities</b>							
<b>Sense of Humor</b>							

Evaluator's Signature.....Date.....

Please attach your business card, other wise fill in right hand side.

Name \_\_\_\_\_

Position \_\_\_\_\_

Organization \_\_\_\_\_

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

Organisation                      Ph.No.

For the case that the Admission committee needs to Contact you, indicate preferred place.

Home                                      Ph. No.

Mobile                                      Ph. No.