



LAL BHADUR SHASTRI INSTITUTE OF MANAGEMENT, INDORE

(Approved by AICTE, Ministry of HRD, Govt. of India)

409/3, Block B Village-Solsinda, P.O.- Dharampuri, Tehsil-Sanwer, Indore-Ujjain SH-27, Indore 453551(M.P.)

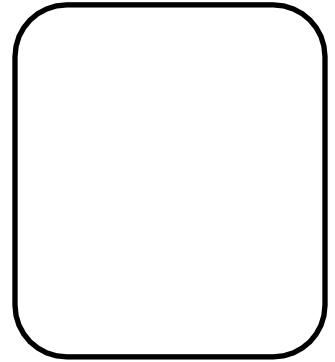
Contact: 94240 82064, 9826099290 lbsimindore@gmail.com, www.lbsitm.ac.in

APPLICATION FORM (SESSION 20.....- 20.....)

Course applied: PGDM(Gen.)

Instructions for filling the Form:

- i) The form should be complete in all respects.
- ii) All original certificates should be produced at the time of admission.
- iii) Last date for receipt of application form is _____
- iv) Tick in the correct box properly.



(photo)

1. Name : Mr./Ms

2. Date of Birth: (As given in 10th Certificate)

3. Sex : Male Female

4. Mailing/Local Address

.....Pin: Phone :

Mobile : E-mail

5. Permanent Address

.....Pin: Phone:

Mobile : E-mail

6. (i) Nationality(ii) Domicile State:.....
(iii) Adhaar No.(iv) Samagra ID.....

7. CAT/ MAT/CET/CMAT/MET/ATMA/ DAVVCET/(Other.....) Registration No

8. Category (Please tick the relevant box and provide documentary evidence at the time of admission) -

General SC ST OBC Minority Kashmiri Migrant

9. Warning - Ragging is a serious and punishable offense.

10. Note - Father/Mother/Guardian on behalf of his/her/son/daughter/relative has to submit affidavit regarding ragging (in duplicate)

Signature of Applicant:.....

11. Name and Occupation:

Father's Name: Mother's Name:

Occupation:..... Occupation:

Official Address Official Address:

.....

Phone/Fax: Phone/Fax:

Mobile No. : Mobile No.....

12. Academic Qualification:

Examination	Stream	Year	Name of School/College	Board/University	% of Marks Obtained
Std. X					
Std. XII					
Graduation					
Post Graduation					
Any Other					

13. Academic Awards/Medals/Prizes/Scholarships/Honours etc.:

.....

14. Extra Curricular Activities/Hobbies:

.....

15. Work Experience at Executive Level (if any):

Organization	Designation	From	To	Monthly Salary

16. (A) Course fees, may be deposited through DD/Cheque at PAR/NEFT in favour of LAL BAHADURSHASTRI INSTITUTE OF TECHNOLOGY & MANAGEMENT” payable at INDORE (M.P.) in the following account :

a. NAME OF BANK: CANARA BANK	b. Branch: SAI KRIPA COLONY BRANCH (SKC) INDORE
c. ACCOUNT NO.: 78082010003575	d. IFSC CODE: CNRB0017808

(B) SC/ST/OBC Students are advised to contact account office of theLBSITM,Indore. for payment of tuition fees &seat booking amount.

17. Declaration:

I have read the information brochure and agree to follow all the terms and conditions given therein. All entries made in this application form are true to the best of my knowledge and belief. I will produce original certificates at the time of interview. My candidature can be cancelled at any stage, if any information given is found to be untrue.

Date:/...../.....

Signature of Applicant: