PLEASE FILL UP THE HANDWRITING. (Exce	APPLICATIO		ITAL LE	TTER I	, LIVIL			60	PASTE (Do not Pin or Staple here). Paste recent pass port size blour photograph of size 3.5 cm X 3.5 cm. Please ut your signature across
NAME OF CANDIDAT	Е:							}	the photograph.
FIRST NAME:									
MIDDLE NAME:									
SURNAME:									
FATHER'S NAME:									
MOTHER'S NAME:									
GENDER: MALE	FEM]						
DATE OF BIRTH (DD)	MM/YYYY)				T T	_			
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9. ADDRESS FOR CORRESPONDENCE:

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10. EDUCATIONAL QUALIFICATIONS.

ACADEMIC	NAME OF COURSE	UNIVERSITY/BOARD	SUBJECTS	YEAR OF PASSING	GRADE / PERCENTAGE
SSC/X/Matric					
Higher					
Secondary / XII					
Graduation or					
above, (if applicable)					
Any Others.					

11. PROFESSIONAL EXPERIENCE:

				DU	RATION		
SL NO	DESIGNATION	ORGANIZATION.	From	То	Total (in Months)	Total Exp.	NATURE OF DUTIES

12. TRAINING AND OTHER COURSES ATTENDED:

SL	NAME OF TRAINING /			DURATIO	ON
NO	OTHER COURSES ATTENDED	NAME OF INSTITUTE	From	То	Total

13. PAYMENT DETAILS:

DD Details Name of Bank: DD No. Date:

Payments are accepted by non-refundable Demand Draft only, in favour of **SYMBIOSIS CENTRE FOR MANAGEMENT STUDIES**, payable at **NOIDA**.

Declaration:

I hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed.

Date: Place:

Signature of the Candidate

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