

# BIMS

## Bangalore Institute of Management Studies

[An Organisation of Pramod Educational Trust (R)]  
 Approved by AICTE, New Delhi, India, Affiliated to Bangalore University, Recognised by Govt. of Karnataka  
 # 35, Mysore Road, Bangalore - 560 059. Opp. R.V. College of Engineering,  
 Tel : 080-28601471, Fax : 080-28605979  
 E-mail : admissions@bimsbangalore.com, Website : www.bimsbangalore.com

**APPLICATION FORM**

**1. Programme you are applying for**

Please state title of the program to which you are applying

- MBA** : MASTER OF BUSINESS ADMINISTRATION
- BBM** : BACHELOR OF BUSINESS ADMINISTRATION
- PGDJM** : POST GRADUTE DIPLOMA IN JAPANESE MANAGEMENT

**2. Personal information**



Name

(as per the transcript of X standard)

Category

Nationality

Date of birth

**3. Corresponding Address**

Postal Address

|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|-------------------------|--------------|-------------|---------------|--------------------------------------|--|--|--|-------------------------|--|--|--|---------------|--|--|--|--|--|--|
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| <b>SC</b>               |              |             |               | <b>ST</b>                            |  |  |  | <b>OBC</b>              |  |  |  | <b>Others</b> |  |  |  |  |  |  |
| <b>Indian</b>           |              |             |               | <b>NRI</b>                           |  |  |  | <b>Foreign National</b> |  |  |  | <b>Others</b> |  |  |  |  |  |  |
| <b>Day</b>              | <b>Month</b> | <b>Year</b> | <b>Gender</b> | <b>Passport Details (Compulsory)</b> |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               | <b>No.</b>                           |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               | <b>Exp. Date</b>                     |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| Pin Code :              |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| State :                 |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| Country :               |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| Tel (Res) with STD Code |              |             |               | Office :                             |  |  |  | Residence :             |  |  |  |               |  |  |  |  |  |  |
| Mobile :                |              |             |               | Father :                             |  |  |  | Mother :                |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               | Local Guardian :                     |  |  |  | Applicant :             |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
| E-mail :                |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |
|                         |              |             |               |                                      |  |  |  |                         |  |  |  |               |  |  |  |  |  |  |

#### 4. Academic Qualifications

| Sl. No    | Examination                                | Name of the Institution | Name of the University / Board | State | Percentage Scored Year / Semester   | Year of Passing | Mode of Study   | Main Subjects |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
|-----------|--|-------------------------|--------------------------------|-------|---|-----------------|---|---------------|--|-----|--|----|--|---|--|----|--|-----|--|------|--|-----------|--|--|---|--|
| 1.        | X Class                                    |                         |                                |       |   |                 | <input type="checkbox"/> Full-Time  |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| 2.        | XII Class                                  |                         |                                |       |   |                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Correspondence |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| 3.        | Name of the Degree (Graduation)            |                         |                                |       | <table border="1"> <tr> <td>I</td> <td></td> </tr> <tr> <td>II</td> <td></td> </tr> <tr> <td>III</td> <td></td> </tr> <tr> <td>IV</td> <td></td> </tr> <tr> <td>V</td> <td></td> </tr> <tr> <td>VI</td> <td></td> </tr> <tr> <td>VII</td> <td></td> </tr> <tr> <td>VIII</td> <td></td> </tr> <tr> <td>Aggregate</td> <td></td> </tr> </table> | I               |   | II            |  | III |  | IV |  | V |  | VI |  | VII |  | VIII |  | Aggregate |  |  | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Correspondence |  |
| I         |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| II        |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| III       |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| IV        |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| V         |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| VI        |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| VII       |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| VIII      |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| Aggregate |  |                         |                                |       |   |                 |   |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| 4.        | PG Qualification (if any)                  |                         |                                |       |   |                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Correspondence |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |
| 5.        | Other Professional Qualifications (if any) |                         |                                |       |   |                 | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time<br><input type="checkbox"/> Correspondence |               |  |     |  |    |  |   |  |    |  |     |  |      |  |           |  |  |   |  |

**5. Entrance Exam Scores**

| Exam                 | Reg. / Roll No.      | Date                 | Percentile           | Composite Score      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| e.g. MAT/GMAT/CAT    |                      | December 02, 2007    | 95.04                | 707.50               |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**6. Work Experience (If any)**

| Designation and Nature of Work | Duration (From & To) | Name & Address of Employee |
|--------------------------------|----------------------|----------------------------|
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |
| <input type="text"/>           | <input type="text"/> | <input type="text"/>       |

**7. Family Background**

Parent's / Guardian's Name : Mrs. / Mr.

Relationship with the Applicant :

Qualification :

Occupation:  Service  Own Business  Professional Others  (Specify)

Designation :  Organization

Address :

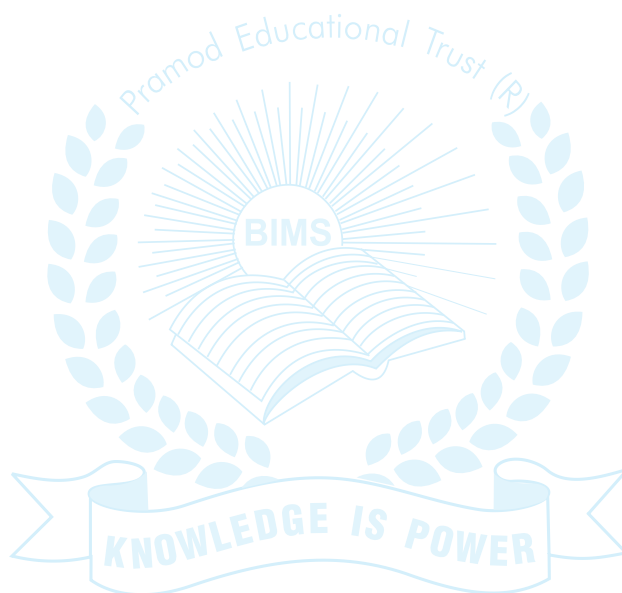
Telephone : Off :  Res.  Mobile

(STD Code) - Number (STD Code) - Number (STD Code) - Number

**8. Do you need hostel accommodation ?**  YES  NO

**9. Purpose of study**

Describe your purpose to study in BIMS.

**Declaration**

I hereby certify that the information furnished in the Application form is complete, accurate and true. I have carefully read the contents of the Brochure. If admitted, I agree to abide by the rules and regulations of BIMS as may be in force from time to time. I understand that any information furnished falsely and / or a misrepresentation is a sufficient ground for summarily cancelling my admission and / or will result in the expulsion from BIMS.

Date

Signature

Place

**Application Fee**

Please enclose along with duly filled Application Form, a non-refundable application fee Rs. 900/- in the form of Crossed Demand Draft in favour of "Bangalore Institute of Management Studies (BIMS)" payable at Bangalore

| Application Fee Details  | Enclosures<br>TRANSCRIPTS / MARKS CARDS   | FOR OFFICE USE ONLY  |
|--------------------------|---|----------------------|
| DD No. .... Date : ..... | X   | Verified by .....    |
| Bank .....               | XII   |                      |
| Amount .....             | Degree (I, II, III, IV, V, VI)  |                      |
|                          | Provisional Degree Certificate ( <i>Duly attested by the Registrar of Affiliated University</i> ) |                      |
|                          | Transfer Certificate  |                      |
|                          | Migration Certificate   | Authorised Signatory |
|                          | Entrance Exam Score Card  |                      |