



**Avinashilingam**

Institute for Home Science and Higher Education for Women

**University**

(Estd. u/s 3 of UGC Act 1956)

Coimbatore - 641 043, Tamil Nadu, India

**AVINASHILINGAM SCHOOL OF MANAGEMENT TECHNOLOGY  
COIMBATORE - 641 043**

**APPLICATION FOR ADMISSION TO MBA COURSE - 2012-2013**

<p align="center"><b>TO BE FILLED IN BY THE OFFICE</b></p> <p>Reg. No. <input style="width:100px;" type="text"/> Date <input style="width:100px;" type="text"/></p> <p>Fee Rt. No. <input style="width:100px;" type="text"/> Date <input style="width:100px;" type="text"/></p> <p>SC <input type="checkbox"/> ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> OC <input type="checkbox"/></p>	<p align="center"><b>TO BE FILLED IN BY THE CANDIDATE</b></p> <p><b>INDICATE PREFERENCE (1, 2)</b></p> <p>MBA – General Administration <input type="checkbox"/></p> <p>MBA – IT Organisation <input type="checkbox"/></p> <p>Administration</p>
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1. Name of the applicant in full in English (BLOCK Letters):

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2. Age and Date of Birth in Christian era:		Date	Month	Year		
		<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>	<input style="width:50px;" type="text"/>		
3. a. Nationality	b. Religion	c. Mother Tongue				
<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>	<input style="width:150px;" type="text"/>				
4. Indicate whether you belong to SC/ST/MBC/BC/OC (Copy of Community Certificate should be enclosed, if SC/ST/MBC/BC)		SC	ST	MBC	BC	OC
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Affix Passport Size  
Photograph taken  
within a  
period of 3 months  
prior to  
submission of  
application*

5. Community: .....

6. Details of Parents /guardian	Father	Mother	Guardian
1. Name			
2. Occupation / Designation			
3. Annual Income			
4. Phone No.			

7. Address to which Communications are to be sent:.....

.....

Pin  Phone No.

with STD code

Email:.....

8. Educational Qualification:

(a) Name of the qualifying degree ( UG )	College & University Studied	Registration No	Month & Year of passing	Marks Grades obtained	Maximum Marks
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
(b) Other Qualification	Course		College/University		
	<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>		

**Note: Application should be filled in completely. Incomplete applications will be rejected. Last date for receipt of filled in application form is 30/04/2012**

9. Particulars of Common Entrance Test

Tick the Exams Applicable and give details							Register Number	Month & Year of passing	Marks / Grades obtained
CAT	MAT	XAT	JMET	ATMA	TANCET	CMAT			
1.									
2.									

[Attested copies of the Degree Mark Sheets and Entrance Exam Scores should be enclosed]

10. Employment details (chronological order) if candidate is employed

Name of the Organisation/ Institution	Designation	Nature of Job		From	To	Total years of experience as on 1, Jan 2012	
		Teaching	Non-Teaching			Teaching	Non-Teaching

11. Is hostel accommodation required?  Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Languages known	Read	Write	Speak
13. 1. Are you Physically Handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/> 2. If yes, the Nature of Handicap (a) Blind (b) Deaf / Dump (c) Ortho (Attach a true copy of <b>Medical Certificate</b> in support of the above)		14. Any other Physical defect pointed out by medical Officer? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', has it been remedied? Yes <input type="checkbox"/> No <input type="checkbox"/> (Medical fitness certificate to be enclosed)		

15. Extra curricular activities: Please tick (✓)

Name of the Scheme	NAEP / N.S.S. <input type="checkbox"/>	N.C.C. <input type="checkbox"/>	Planning Forum <input type="checkbox"/>	Social Service <input type="checkbox"/>	Youth Service Corps <input type="checkbox"/>	Any Other <input type="checkbox"/>
16. Sponsorship details:	Organisation:					

I declare that the particulars given above are correct. I have understood the rules specified by the University Prospectus and agree to abide by the conditions specified therein, if selected.

I abide by the conditions that if, details furnished by me in the application form are incorrect, (i) I will forfeit the admission, no matter at what stage of the course I will be at that time (ii) I may be debarred from pursuing the studies for a period of two years and (iii) legal action may be instituted against me for furnishing wrong marks.

Signature of the Applicant.....

Station :  
Date :

Signature of the Parent / Guardian.....

**Application and all correspondence should be addressed to 'The Registrar, Avinashilingam University, Coimbatore-641 043, Tamil Nadu'. Enclose DD worth Rs.500 with this Application (Rs.250 for SC/ST)**

**Please do not submit Original Certificates with this application.**