



GITAM UNIVERSITY
 (Estd. u/s 3 of the UGC Act., 1956)
CENTRE FOR DISTANCE LEARNING
 (Approved by the Joint Committee of UGC-AICTE-DEC)

ADMISSION APPLICATION FORM

Application No.

ID NO.

(For office use only)

Programme	<input type="checkbox"/> MBA General <input type="checkbox"/> MBA HRM	Candidate's Latest Photo
MBA General Electives	<input type="checkbox"/> Financial Management (FM) <input type="checkbox"/> Operations Management (OM) <input type="checkbox"/> Marketing Management (MM) <input type="checkbox"/> Systems Management (SM) <input type="checkbox"/> Hospital Management (HM)	

Study Centre/Information Centre Opted:

Personal Information:

Full Name (as entered in any earlier certificate)	
Name of the Parent / Guardian	
Date of Birth (dd-mm-yyyy)	
Identification Marks: 1.	
2.	

Socio-Economic Details:

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Others <input type="checkbox"/> If others, Specify :
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
Social Background	<input type="checkbox"/> SC	<input type="checkbox"/> ST <input type="checkbox"/> BC <input type="checkbox"/> PH <input type="checkbox"/> Others
Area	<input type="checkbox"/> Rural	<input type="checkbox"/> Urban <input type="checkbox"/> TRIBAL

Please furnish Work Experience (Please enclose proof):

Organization	Designation	Salary (p/m)	Total Service
<input type="checkbox"/> Govt. <input type="checkbox"/> Private	<input type="checkbox"/> Managerial <input type="checkbox"/> Clerical <input type="checkbox"/> Self-Employed		

Permanent Address:**Address for Communication:**

Mobile No		Mobile No	
Tel No		Tel No	
Email		Email	

Educational Background:

Qualification	Year of Passing	Reg No.	% of Marks Obtained	Class Obtained	Board / University	Electives
X std.						
Intermediate						
Degree						
Post Graduation						

Fee Paid:

DD No.	Date	Amount	Bank & Branch

Declaration

I hereby declare that all the information given above is true and I fully understand that my admission stands cancelled at any stage if any information supplied by me is found to be false and inadequate. Further, I promise to be a disciplined student and abide by the orders issued from time to time by the authorities of the Centre and the University.

Place:

Date:

Signature of the Applicant

Note: Enclosures with filled-in application.

- Photocopy of the certificate of the qualifying examination passed.
- Experience Certificate
- Three copies of recent photograph (passport size) of the candidate (One to be affixed to the application and the remaining to be enclosed).
- Demand draft for total fees in favor of CDL-GITAM University, payable at Visakhapatnam.
- Photocopy of date of Birth extract.