



INDIAN INSTITUTE OF MANAGEMENT INDORE Management Education Programme (MEP 2010)

A. PERSONAL DATA

Name: _____
(in CAPITAL letters)

Sex Male Female Nationality

Date of Birth
Day Month Year

Affix your
RECENT
passport size
colour
photograph here

Address: _____

City State Country

Pin Code Email: _____

Tel.(R) Tel.(O) Mobile

B. EDUCATION

Degree	Year	Institute/University	Division/ Percentage

Please list scholastic awards or scholarships conferred on you:

F. MEDICAL RECORD

Please state whether you have any existing physical disability or any chronic illness, including mental illness, which could affect your studies at the Institute. The information given here will be held in strict confidence.

I certify that the particulars given by me are true to the best of my knowledge and belief.

Date :

Signature of the Candidate

Place :

G. SPONSOR
(Sponsorship is optional)

Signature of the Sponsoring Executive

Date

Name

Designation

Organisation

Address

Telephone No.

Fax No.

Email

Fee details: DD No. _____ date _____

Bank _____