

Application No.: _____
(Will be allotted by FPM Office)

EFPMG 2021 Admissions

Application Form



सिद्धिमूलं प्रबन्धनम्
भा. प्र. सं. इन्दौर
IIM INDORE

Indian Institute of Management Indore

Prabandh Shikhar, Rau – Pithampur Road, Indore – 453556
Madhya Pradesh, INDIA

Ph: +91-731-2439675,670, Email: admissionsfpm@iimidr.ac.in

INDIAN INSTITUTE OF MANAGEMENT INDORE
Executive Fellow Programme in Management and Governance (EFPMG)
Commencing in July 2021

INSTRUCTIONS

1. The information sort in this application is one of the important elements for your shortlisting/selection process and hence complete and accurate information is very important.
2. Incomplete or false information will adversely affect your chances of selection.
3. *Admission granted on the basis of false and/ or misleading information will be ipso facto null and void.*
4. In all matters relating to admission to the programme, the decision of the Institute's authorities will be final and binding on the applicant.
5. No correspondence will be entertained from the applicant regarding his/ her non-selection.
6. Please fill this form completely and email it back to the aforementioned email before the due date.
7. Once you fill the form, please save the filename as NAME_EFPMG_Application.docx before sending it.
8. Please make the payment of application fee by bank transfer as per the details given at the end of this form.

A. PERSONAL DATA

Name: _____
(In CAPITAL letters) As it appears in the Academic Marksheets

Date of Birth _____

DD:MM-YYYY

Gender: Male Female Nationality

Affix your recent passport size photo

Marital status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Annual Family Income	
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Tel.(R): Tel.(O): Email:

Area Applied:

B. ACADEMIC QUALIFICATIONS

- A. Provide complete information on examination marks in all columns. Marks stated in these columns MUST MATCH those in the original mark sheets.
- B. Wherever you have received letter grades or grade points instead of marks, provide equivalent marks and attach a certificate from Registrar/ Principal/ Head of the Department explaining the method of conversion. Where such conversions are not possible, please provide an explanatory note in the additional space provided at the end of this page.

1. **Marks/Grades obtained in X Std/ XII Std/ Equivalent Examination(s):** Fill in only if it is a Board or University Examination

Standard	Name of Board/ University	Year	Max. Marks /Grade	Marks/Grade Obtained	% Marks / Grade Obtained
X Std / Secondary/ Equivalent					
XI Std / Higher Secondary/ Equivalent #					
XII Std / Higher Secondary / Equivalent					

Write Not applicable if there is no board examination in XI Std.

2. Bachelor's Degree

Name of the Degree	Specialization Stream /	Name of the college/ institution/university	Year	% Marks / Grades obtained

Duration of your graduation degree course	3 yrs		4 yrs		5 yrs	
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3. Master's Degree

Name of the Degree	Specialization Stream /	Name of the college/ institution/university	Year	% Marks / Grades obtained

4. Post-Graduate Professional Qualification

Give details of the last professional examination you have taken (e.g. CA, ICWA, CS, etc.)

University/ Institute registered with:

Name of the course of study (such as CA, ICWA, CFA, etc):

C. EMPLOYMENT RECORD

- Mention **ONLY full-time, paid** work experience **after** Bachelor's Degree.
- Do not include training/ project work done as an integral part of any curricular requirement.

Organization	Designation	Pay Band Level (as per 7 th CPC)	Joining date	Leaving date	Monthly Remuneration (Rs.)	Reasons for leaving	
Total Work Experience as on 31 st May 2021							Months

D. DECLARATION

I clearly understand that if I am selected, I will be allowed to join the programme only if I satisfy all requirements as mentioned in the institute website. Non-fulfilment of these requirements will automatically result in the cancellation of the provisional admissions offer.

I certify that the particulars given by me in this application form are true to the best of my knowledge and belief. I understand that **admission granted on the basis of false and/ or misleading information will be *ipso facto* null and void**. I agree to abide by the decision of the Institute authorities regarding my selection/ non-selection for the programme.

Place: _____

Date: _____

Name and signature of the Applicant: _____

E. APPLICATION FEE

Please make the payment of Rs.3,540/- towards application fee by bank transfer as per the bank details given below:

Account Name	Indian Institute of Management Indore
Account Number	2635101004969
IFSC Code (For RTGS/NEFT)	CNRB0002635
Address of Branch	CANARA BANK, 2635 PIGDAMBER – 453331
Account Type	Savings
Beneficiary Name	Indian Institute of Management Indore

In the narration while transaction, you mention your name and programme applied.

Also, fill in the application fee remittance details in the table given below:

Date of payment	Payment Reference Number

PLEASE READ THIS FORM ONCE AGAIN AND MAKE SURE THAT YOU HAVE COMPLETED ALL THE ITEMS RELEVANT TO YOU. IN CASE OF INCOMPLETE INFORMATION, YOUR APPLICATION WILL BE REJECTED. PLEASE FILL THE FORM AND SEND IT TO EMAIL ID – admissionsfpm@iimdr.ac.in LATEST BY 21ST JUNE 2021.