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# INDIAN INSTITUTE OF MANAGEMENT INDORE

**Executive Management Programme – Government, Public Administration and Defence [EMP-(G&D)]**

**Admission Form for Batch - 01 (2024-2026)**

## 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 falseinformation 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 empgd-office@iimidr.ac.in email before the due date.**
7. **Once you fill the form, please save the filename as NAME\_EMP-G&D\_Application.docx (e.g.: ABC\_ EMP-G&D\_Application.docx) before sending it.**
8. **Please pay the application fee as per the details given at the end of this form.**

### A. PERSONAL DATA

|  |
| --- |
| Affix your recent passport size photo |

Name: …………………………………………………………

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth: |  |  |  |  |  |  | | |  |  |  |  |  |
|  | Day | |  | Day Month Year | | |  | Year | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Gender: | Male |  |  | Female |  | Other |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Caste category (Put √) | General |  | OBC |  | SC |  | ST |  |

**B. ADDRESS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Address for Correspondence | | Permanent Address | |
| Address |  | Address |  |
| City |  | City |  |
| State |  | State |  |
| Pin/Zip |  | Pin/Zip |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile No: |  | Tel.(O): |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Email: |  | Email(alternate): |  |

**C. ACADEMIC QUALIFICATIONS**

1. Provide complete information on examination marks in all columns. Marks stated in these columns MUST MATCH those in the original mark sheets.
2. Wherever you have received letter grades or grade points instead of marks, provide equivalent marks.
3. **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 |  |  |  |  |  |
| XII Std / Higher Secondary / Equivalent |  |  |  |  |  |

1. **Marks/Grades obtained in Bachelor's, Master’s or other Degree.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of the Degree | Specialization / Stream | Name of the college/ institution/university | Year | % Marks / Grades obtained |
| Bachelor's Degree |  |  |  |  |  |
| Master’s Degree |  |  |  |  |  |
| Other Degree |  |  |  |  |  |

**D.** **WORK EXPERIENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department/ Organization | Designation | Pay Band Level | Joining date | Leaving date |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Work Experience as on 29 June 2024 | | |  | Months |

### DETAILS OF QUALIFYING EXAMINATION

* Details of qualifying examination like CAT, GMAT or GRE (If Applicable)
* Original Certificates should be produced at the time of interview.
* Participants attending the EAT may please tick here and please ignore the following.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl. No | Name of Examination | Registration Number | Subject of Examinatio n | Year of Passing | Validity Period | Score | Percentile |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

### 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.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and signature of the Applicant:

### G. APPLICATION FEE

Please make the payment of Rs.2,500/- towards application fee through the link given below:

<https://forms.eduqfix.com/iimiueoaf/add>

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

|  |  |
| --- | --- |
| **Date of payment** | **Payment Reference Number/ UTR** |
|  |  |

**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 –** [**empgd-office@iimidr.ac.in**](mailto:empgd-office@iimidr.ac.in) **LATEST BY 15TH April 2024.**