



De Paul IMD

De Paul Institute of Management Development
Approved by Bharathiyar University & BSS, Govt. of India

ID No. _____

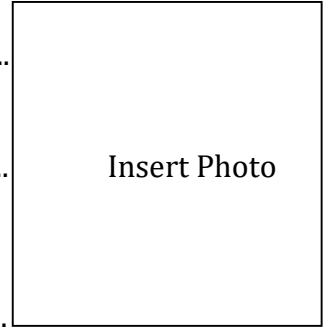
APPLICATION FORM

1. Name of the Course:

2. Name
(In BLOCK LETTERS):

3. Address for Communication (IN BLOCK LETTERS)

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Mob No: (S) (F) (M)

E-Mail:

4. Father's / Guardian's Name:

5. Occupation of Father/ Guardian:

6. Gender (tick the appropriate box) Male Female Other

7. Date of Birth: Blood Group:

8. Religion/Caste:

9. Qualifying Examination Details:

Course	Name of University/Institution	Marks Obtained (%)	Month & Year of Passing
SSLC / VHSC			
Plus Two / Pre Degree			



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10. Hostel Accommodation: Required Not Required

11. Special request if any:

DECLARATION

I hereby declare that all the entries made in this application form are correct to the best of my knowledge and belief. I acknowledge that the decision of the Institute is final with regard to selection for admission. If selected for admission, I promise to abide by the rules and regulations of the institute and the guidelines in the prospectus. Should anything contrary to this happens from my part, I promise to be subjected to any disciplinary action including the termination of my course and dismissal from the institute.

Place:

Date:

Signature of the Applicant

DECLARATION BY PARENT / GUARDIAN

I hereby declare that I shall be responsible for all the activities of my son / daughter / ward in the institute and I also agree to abide by the rules and regulations of the institute.

Place:

Date:

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Director / Signature

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