



Symbiosis Institute of Management Studies (SIMS) (For  
Defence Personnel and their dependants) Range  
Hills Road, Khadki, Pune - 411020  
Tel No. 30213216 /207, Fax: 30213333

*Constituent of Symbiosis International University*  
*(Established under section 3 of the UGC Act 1956, vide notification No. F.9.12/2001-U.3 of the Govt. of India)*  
*Accredited by NAAC with 'A' grade*

**Application Form for PGDBM/PGDHRM/PGDPM/PGDFM/PGDBA/PGDSCM Sunday Batch 2018-19**  
**OPEN FOR ALL**

1. Name of Applicant: \_\_\_\_\_  
(In Block Letters) (First) (Middle) (Last)

2. Date of Birth (applicant): \_\_\_\_\_ Sex: \_\_\_\_\_  
(Male/Female)

3. Name of Father/Husband: \_\_\_\_\_  
(In Block Letters) (First) (Middle) (Last)

4. Name of Mother: \_\_\_\_\_

Affix Recent  
Passport Size  
Color  
Photograph and  
Sign Across it

5. Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

6. Contacts in case of emergency - Telephone No: \_\_\_\_\_ Mob No: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

7. Class Timings: Sunday 8.30 am to 6.00 pm

8. Present Address for Correspondence:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: 1. \_\_\_\_\_ 2. \_\_\_\_\_

9. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

10. Company Name & Address (Present): \_\_\_\_\_

Contact No: \_\_\_\_\_ Email Id: \_\_\_\_\_

**11. Academic Profile:**

Qualification	Degree Details	University / Institute	State	Year of Passing	Subjects/ Specialization	Class/ Division	Marks obtained / Grant Total	% of Marks
Graduation								
Others								

**Note:**

1. Please attach attested/self-attested copies of all relevant certificates, degree and Marksheets along with application form.
2. Eligibility - Bachelor's degree from statutory/recognized University with minimum of 50% marks.

**12. Co-Curricular Activities, Honors & Interest: (Please indicate achievements & Awards if any)**

**13. Application Procedure :** Take a printout of application form, fill in the details, and submit the application form with supporting documents and a payment of Rs 1180/- (through Demand Draft in favour of "Director SIMS" payable at Pune or by cash) to the Admissions office at SIMS.

**14. Declaration by the Candidate**

1. I hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief.
2. I have read the SIMS Prospectus, the admission procedure and I shall abide by them. In the event of suppression or distortion of any fact made in the application form, I understand that I will be denied

the opportunity to be admitted to SIMS and my admission will stand cancelled. I also understand that the decision of SIU regarding my admission will be final and binding to me.

3. I understand that I will be granted provisional admission and I am required to submit mark sheets and degree certificates of graduation.
4. I understand that ignorance of rules cannot and will not absolve me of my duties and responsibilities.
5. I undertake to abide by the rules and regulations of the University.
6. No ragging and punishment to which I am liable if found guilty of ragging.
7. I am aware that Symbiosis International University does not accept any donation or capitation fees. I declare that I have not paid any sum of money to anyone, within or outside Symbiosis International University for any unfair gratification. Should any such incident come to the notice of the authorities of SIU, I understand that my admission shall be cancelled at any stage of the programme and no refund of fees would be permissible.
8. I have gone through the eligibility criteria in respect of various categories of admission to SIMS & if I am found to be ineligible at any time, my admission would be cancelled.

Place: \_\_\_\_\_

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

Signature of Candidate

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**For Office Use only**

Verified the following listed documents and approved for provisional admission.

Sr. No	Particular	Yes /No	Remark
1	Graduation Mark sheets		
2	Degree Certificate/Provisional Certificate/Passing Certificate		

Date:

Place:

Checked By

Approved By

Dy. Director