

# AJAY KUMAR GARG INSTITUTE OF MANAGEMENT

## MIS-FORM

(To Be Filled In Capital Letters By I Year MBA Student)

1. STUDENT NUMBER (Mentioned on Fee Receipt) :
2. NAME OF STUDENT :
3. छात्र / छात्रा का नाम (हिंदी में) :
4. MOTHER'S NAME :
5. FATHER'S NAME :
- i) OCCUPATION :
  - ii) DESIGNATION :
  - iii) CURRENT PLACE OF POSTING :
  - iv) ANNUAL INCOME :
  - v) FATHER CONTACT NO. :
6. SEX : Male ☐ Female ☐
7. DATE OF BIRTH (As per 10<sup>th</sup> Certificate) :
8. MODE OF ADMISSION : UPCET ☐ DIRECT & OTHERS ☐
9. **10<sup>th</sup>, 12<sup>th</sup>, & GRADUATION DETAIL** :
- i) NAME OF BOARD (10<sup>th</sup>) :
  - ii) 10<sup>th</sup> PASSING YEAR :
  - iii) AGGREGATE % MARKS IN 10<sup>th</sup> :
  - iv) NAME OF BOARD (12<sup>th</sup>) :
  - v) 12<sup>th</sup> PASSING YEAR :
  - vi) AGGREGATE % MARKS IN 12<sup>th</sup> :
  - vii) MARKS OBTAINED IN ENGLISH PAPER IN 12<sup>th</sup> :
  - viii) NAME OF COLLEGE/UNIVERSITY (GRADUATION) :
  - ix) GRADUATION PASSING YEAR :
  - x) % MARKS IN GRADUATION :

10	WORK EXPERIENCE	:	
a)	No of Years	:	
b)	Name of Organisation	:	
11	COUNSELLING ROLL NO	:	
12	RANK IN CMAT/CAT/MAT	:	RANK (GENERAL):
		:	RANK (CATEGORY):
		:	
	Percentile.....		
13	E-Mail id	:	
14	HOSTLER	:	Yes: <input type="checkbox"/> No <input type="checkbox"/>
15	RELIGION	:	
16	CASTE CATEGORY: (SC, ST, OBC, GEN)	:	
17	CASTE SUB CATEGORY	:	
18	MINORITY COMMUNITY	:	Yes: <input type="checkbox"/> No <input type="checkbox"/>
19	DOMICILE	:	
20	FULL CORRESPONDENCE ADDRESS WITH PIN CODE & TELEPHONE/MOBILE NO.	:	C/O
21	FULL LOCAL GUARDIAN'S ADDRESS WITH PIN CODE & TELEPHONE/MOBILE NO. (In case of Hostler)	:	C/O
22	FULL PERMANENT ADDRESS WITH PIN CODE & TELEPHONE/MOBILE NO.	:	C/O

**Name of Student:**

**Signature & Date:**