APPLICATION FORM										
Faculty of Management Studies										
Institute of Rural Management, Jodhpur Admission to PGDM										
Admission to FODIVI										
Form No	<b>)</b> :									
Name							Affix a recent			
(Last) (First) (Middle)						passport size Photograph				
Date of	Birth			Age			, motograf			
Category (SC/ST/OBC/General):										
Perman	ent Addr	ess:								
City			Pin		land Lir	ne/Mob				
Address for Correspondence:										
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City	1		Pin		land Lir	ne/Mob				
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Preferre	ed Area o	f Special	lization							
Father's Name:										
Father's Occupation:										
Mother's										
Mother's	s Occupa	ition:								
Education	onal Qua	lification	: (Startir	ng from	Secondary Leve		Ī	1		
SI No.	Name	of Exami	nation	Year	Branch /Major / Special	Examining / Certifying Authority	Institution	% / Div		

Acaden	nic / Professional/ Extra Curri	cular Awards:						
SI No.	Name of Examination		Examining Body/Institution					
Work E	xperience:							
SI No	Organization	Position Held	Year					
			From	То				
Feed Ba	ack:							
How did	d you come to know about the	Institute and the Pro	ogramme? Pleas	se Tick.				
	Newspaper Advert	isement	Friends	News Item				
	Any Other Source							
NB:	In case of newspaper advertisement, please mention name, date and place.							
	In case of other sources, please specify.							
Declara	ation:							
(1)	I confirm that the particulars mentioned by me in this application form are true and							
	correct to the best of my knowledge and belief. I have carefully read the prospectus							
	of the Institute and agree to abide by the fee rules as well as other conditions set out							
	there. My application may be considered purely on the above undertaking and I							
	agree that on all matters of dispute, the legal Jurisdiction would be jaipur.							
(2)	I further declare that I shall not indulge in any type of ragging activity. If I am found							
	indulging in any such activity, I will be liable to face disciplinary / legal action							
	including expulsion from the	e Institute.						
Place:								
Date:								
Please e	nclose photocopies (Duly attest	ed)						
	cates starting from Secondary o							
	core card.		Signatu	re of Applicant				