

VISHWESHWAR EDUCATION SOCIETY'S DR. MAR THEOPHILUS INSTITUTE OF MANAGEMENT STUDIES

(Approved by AICTE-Government of India)
PLOT NO. 2, SECTOR 9, SANPADA, NAVI MUMBAI-400 705

Receipt	t No. & Date:	Form No:
1.	This form should be filled in by the Applicant in his/her own handwriting.	
2.	An applicant, who is found to have furnished false information or suppressed material info be dismissed and his/her fees will be forfeited.	rmation, if admitted, will
3.	All admissions are provisional, until/unless approved by the Management and Admission (Office of DMTIMS.
4.	Applicant must verify their eligibility and follow the procedure as specified by AICTE, before application. The DMTIMS Management will not be responsible to continue the admission failure/improper documents/non-eligibility discovered later on, on part of the applicant. The cancellation of the admission. POST GRADUATE DIPLOMA IN MANAGEMENT ADMISSION APPLICATE ADMISSION ADMISSION APPLICATE ADMISSION ADMISSION APPLICATE ADMISSION ADMI	if there is any is will also lead to the
	PGDM BATCH 2022-24	
	(To be filled by the applicant in his / her own writing)	

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A. **STUDENT CONTACT INFORMATION** (IN BLOCK LETTERS)

First Name:	Middle Name:	Last Name:
DoB: (DD/MM/YY)	Gender:	Marital Status:
Mob:	_Res. Landline:	Email Id:
Nationality:	Religion:	_Mother Tongue:
Residential Address for Correspondence:	:	
City:	State:	Pincode:
Permanent Address for Correspondence	(If different from above):	
City:	State:	Pincode:
B. FAMILY BACKGROUND (In Block Letters)	
Father's Name:	Occupation:	Mobile No.:
Mother's Name:	Occupation:	Mobile No.:

C. ACADEMIC QUALIFICATIONS:

Sr. No.	Degree/Certificate	Board/Institute	Board/University	Stream	Year of Passing	Percentage/Grade
1.						
2.						
3.						

4.					
5.					
D. CO	MPOSITE SCO	RE OF COMPETIT	TIVE TESTS (Pu	t a tick mark on tl	ne test applicable)
Sr. No.	Name of Competitive Test	Passing Month & Year		Composite Marks Obtained	Maximum Marks
1.	CAT / MAT				
2.	CMAT / ATMA				
3.	MH-CET / XAT				
Not Sr. No.		CE: (Put NA if not a self-attested work exp		copy with this appl Designation	ication form From - To
1.					
2. 3.					
Sr.	Co	ollege / Company		F	or
No. 1.					
2.					
G. ST /	ATEMENT OF F	PURPOSE:(Write w	hy you want to pu	rsue DMTIMS PGI	OM Program in few line

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H. SOURCE OF DMTIMS: How did you come to know about DMTIMS PGDM Program: (Put a tick mark where

	applicable)
1.	Current Student:2. Alumni:3. Coaching Institute:4. Social Media:5.Website:
	6. Friends/ Relatives/Parents:6. Newspapers / Magazines:7. Any other, specify:
I.	ENCLOSURES: Put a tick (\Box) mark in the black square where applicable.
	cudents have to submit self-attested copies of the below mentioned documents, along with this application form. Original of the bould be submitted to the Institute on the date of reporting. Any queries to be addressed to admissions@dmtims.edu.in)
1.	Valid Score Card of Competitive Test: □
2.	Domicile / Residential Certificate: \Box
3.	SSC Mark sheet: \Box
4.	HSC Mark sheet: □
5.	Graduation Mark sheets (all years): \square
6.	Students awaiting final year mark sheet should submit previous years all mark sheets): \Box
7.	Graduation Degree/Passing Certificate / Provisional Certificate: □
8.	University Migration Certificate:
9.	College Leaving / Transfer Certificate:
10.	Nationality Certificate: (If NC is not available Passport or Birth Certificate with nationality mentioned will do): \Box
11.	Hindi Language Certificate: (If applicable): □
12.	Work Experience Certificate: □
13.	Medical Certificate of Fitness: (Any type of allergies / chronic illness need to be intimated prior to admission): \Box

J. IMPORTANT INSTRUCTIONS:

- 1. The completed application form should be submitted to the DMTIMS office, along with the demand draft favoring Dr. Mar Theophilus Institute of Management Studies, payable at Sanpada, Navi Mumbai on any working days from 10.00 am to 4 pm.
- 2. The application form can also be submitted by post / courier / via institute website of www.dmtims.edu.in

K. ADMISSION CANCELLATION & REFUND POLICY: As per AICTE norms applicable

L. DECLARATION:

I hereby declare that the details furnished in this application form are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately, in case, any of the information mentioned in this application form, is found to be false, untrue, misleading or misrepresenting, I am aware that I will be held liable for it and suitable action shall be taken against me by the Dr. Mar Theophilus Institute of Management Studies (DMTIMS) Management as deemed fit. I hereby authorize sharing of the information furnished on this form with Dr. Mar Theophilus Institute of Management Studies (DMTIMS). I am medically fit to resume the full time PGDM program and do not suffer from or have any previous history of chronic / infectious diseases. If selected into the DMTIMS PGDM program, I shall abide by the rules and regulations, policies and instructions set forth by the DMTIMS Management for the Admissions, Induction & Orientation Program, Academic Curriculum, Examinations, Institute Events & Programs, PGDM Course Fees, Hostel & Cafeteria Code of Conduct (If I am availing the services of hostel / cafeteria), Internships and Placements from time to time.

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PLACE:	DATE:	SIGNATURE:	
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Institute Address & Contact Details:

Dr. Mar Theophilus Institute of Management Studies Plot No. 2, Sector 9, Sanpada, Navi Mumbai-400 705

Please Call for:

DMTIMS PGDM BATCH 2022-23 Admissions

Office Landline Nos.: +91 22 - 2775 3226 /7 /8

Mobile Nos.: +91 8657860716 / 17

Email: For Admissions: admissions@dmtims.edu.in
For General Inquiries: connect@dmtims.edu.in

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https://dmtims.edu.in/

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