

(b) **GRADUATION DETAILS**

Graduation Degree Title (in full form)	Medium of Instruction	Duration (Years) Please tick (✓)	Month & Year of Passing	% of Marks*
		<input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> > 4 Years		

* Marks as calculated by the University.

(c) **ADDITIONAL QUALIFICATIONS (Please give the details of qualifications attained only)**

Program	Name of the Institute / University	Medium of Instruction	Duration (years)	Month & Year of Passing	% of Marks*

(d) **AWARDS AND RECOGNITIONS**

List awards, distinctions, honors and scholarships (academic, extracurricular, professional, community, etc).

Awards	Year	Basis
1.		
2.		
3.		
4.		
5.		

Attach additional sheets, if required.

3. **HEALTH**

Did/Do you suffer from any major illness/disability in the past/present? Please tick (✓)

Yes No. If "yes", please give details : _____

4. **LEGAL CASES (Have you ever been convicted or is any case pending against you in any court of law ? If yes, details.)**

5. WORK EXPERIENCE [Please enclose the Experience Certificates from your Employer]

Present Organization/Company Name: _____

Address: _____

City: _____ State: _____ Pin: _____

Tel: _____ Website: _____

(STD) Tel No. Private Listed Private Un-Listed Public Others _____

No. of Employees _____ Annual Turnover (Rs. in crores) _____ Designation _____
(If, Others please specify Nature of Business)

Name of the Reporting Officer: _____ Reporting Officer Designation: _____

How long have you been holding the designation _____ How long have you been employed by the company _____

Annual Compensation: Rs. _____ Responsibilities held: _____
(Cost to Company)

Previous Work Experience*

Please give the details in the chronological order (from latest to previous) of your work experience

		1	2
Name of the Organization			
Period	From		
	To		
Designation			
Address of Organization			
Telephone			
Website			

* Additional sheets may be used, if required.

6. Briefly write about your 2 years Experience at supervisory/managerial level.

7. CAREER GOAL

.....

.....

.....

.....

8. FAMILY BACKGROUND

(a) No. of Brothers: No. of Sisters: Are you married: Yes No No. of Children

(b) Parents

Father		Mother	
Name		Name	
Qualification		Qualification	
Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Others (please specify) _____	Occupation	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Central Govt. <input type="checkbox"/> State Govt. <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Others (please specify) _____
Designation		Designation	
Salary/Income		Salary/Income	
Organization & Address		Organization & Address	
City:		City:	
Mobile:		Mobile:	
Personal E-mail:		Personal E-mail:	

* Please Indicate: **Business, Professional, Central Govt., State Govt., Public Sector, Pvt. Sector, etc.**

9. Have you been associated with ICFAI earlier?

Yes No. If "yes", please provide details :

10. Do you know any one in the ICFAI system?

Yes No. If "yes", please provide details :

11. DECLARATION

I certify that the information presented in this Application Form is accurate, complete and honest. I am aware of the eligibility criterion for the program. I understand and agree that any inaccurate information, misleading information or omission will be a cause for the withdrawal of any offer of admission or for disciplinary action, dismissal or revocation of diploma, certificate, or degree if discovered at a later date. I understand that all admissions are based strictly on merit and declare that I will not violate the rules against canvassing directly or indirectly to seek admission and/or to seek any undue/special favors outside the framework of rules in force from time to time. I hereby understand and accept that the decision of admission by the Admissions Committee is final and binding on me.

Place:.....

Applicant's Signature :

Date :

Name : Mr./Ms.