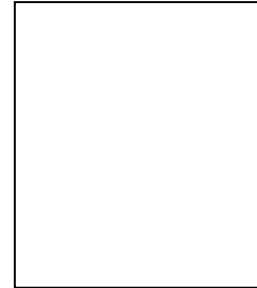

Post Graduate Program in Development Management
PGP-DM

(To be filled in by the applicant)

Personal Details

Name: _____

Address: _____



Age: _____ Date of Birth: _____ (dd/mm/yy) Sex: M/F _____

Marital Status: _____ Nationality: _____

Tele No. RES _____ Mobile : _____ Email: _____

Where did you hear } Website / Online Posting / Guide Star / Mailers / Seminars/
About PGP-DM } Workshops / Students /NGOBOX / Face book / Linked IN
Any other: _____ (Kindly specify)

Details of Current Organization

Name of the Organization: _____

Place of Work: _____

Designation: _____ Telephone Nos.: _____

Fax: _____ Website: _____

Contact Person: _____ Designation: _____

Telephone Nos.: _____ Mobile: _____ Email: _____

Key activities undertaken by the Organisation

Details of the Applicant

1. Academic Record

(S.S.C / H.S.C / Graduation / Post Graduation / Professional Qualification)

Class	Specialisation	Year of passing	% Marks or CPA	Name of Institute	University / Board

2. Work Experience (*Start with Latest*)

Total Experience: ___ Years ___ Months

NAME & ADDRESS OF ORGANISATION	DESIGNATION	JOB PROFILE	EXPERIENCE (From -To)	ANNUAL SALARY (Gross)	CADRE / GRADE

3. Please give particulars of any Academic/ Extra Curricular Awards that you may have won.

4. Please give particulars of any Professional Awards that you may have won.

5. Please elaborate on your Career Plan / Objective.

6. Please state your expectations from the Post Graduate Program in Development Management.

7. Describe yourself, specifically stating your strengths and weaknesses in not more than 40 words.

FORWARDING CERTIFICATE

(To be typed on the letterhead of the organization)

We hereby sponsor the candidature of Mr. / Ms _____ who is working in our organization as _____ and has applied for your Post Graduate Program in Development Management. We will extend necessary support as mentioned in your communication to Mr. / Ms. _____ including

- ✱ Providing support with relevant organizational information to facilitate “Customized Learning” by participant.
- ✱ Give leave to participants for attending on - campus contact sessions (1 week every 2 months).
- ✱ Nominating Mentor/s to scrutinize and independently grade the Application Exercise assignments related to the organization.
- ✱ Ensuring that Mr./Ms. _____ has access to a multimedia computer with internet access and possesses the requisite skills for E-learning.

(To be filled by the Company /NGO, if providing monetary assistance)

The candidate has been provided (Please Tick)- Partial Funding Full Funding

1. The **course fee** is Rs.2, 50,000/- (Two Lac Fifty Thousand only). SPJIMR is giving a special subsidy of Rs.1, 00,000/- (One Lac).

- **For Corporate/International NGO** per Semester Rs. 50,000/- (Total : 1,50,000/- + Service Tax as applicable).
- **Subsidized Fee for NGO's** per Semester Rs.30,000/- (Total : 90,000/- + Service Tax as applicable) (PDCs for Sem II and III to be given with 1st Installment.)

2. We are also forwarding herewith an amount of Rs.600/- (Six Hundred Only by cash/cheque/DD/pay order)* being the processing fees for the application of Mr./Ms. _____ for the Post Graduate Program in Development Management.

(*DD/cheque/pay-order to be drawn in favour of “Bharatiya Vidya Bhavan’s S.P Jain Institute of Management & Research” payable at Mumbai.)

Signature: _____

Name: _____

Designation: _____

Organization: _____

Seal: _____