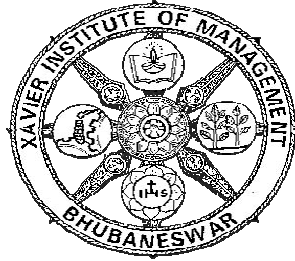


Reference Number (From-Email):



XIM, Bhubaneswar

Executive Program for Working Professionals

Personal Information

Surname:		First Name:	
Phone:		Mobile:	
Present Address:		Educational Qualification (highest):	
City:		Email 1:	
Source of Information	News Paper, Net, Mailer, Others		

Personal Information (To be filled in black ink):

Permanent Address (if different from the above):			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth
Mode of Payment	<input type="checkbox"/> Personal Resources	<input type="checkbox"/> Company Sponsor	<input type="checkbox"/> Bank Loan

Educational History

List all institutions attended beginning with your first in secondary school.

Name of Examination	Institution / University	Year of Completion	% of Marks
Higher Secondary			
Bachelor's Degree			
Master's Degree			
Any Other			

Please provide a certified copy of your official academic records for each secondary school and / or college of university.

Work Experience

List all organizations that you have worked with, starting with the current one

Company Address	Designation	Experience	
		From	To

Attach self-attested photocopies of certificates for proof of experience

DD Details: Amount 1000

DD No.	Bank	DD Date
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Statement of Purpose

Briefly outline your professional plans and career objectives. In your statement (in about 200 words), say why you want to study the program and what you expect to get from it. (Please use the space below)

Management Areas in which you are both experienced and proficient.

(You may tick more than one):

<input type="checkbox"/> General Management	<input type="checkbox"/> Human Resource
<input type="checkbox"/> Accounting & Finance	<input type="checkbox"/> Industrial Relations
<input type="checkbox"/> Marketing	
<input type="checkbox"/> Others (Please Specify):	

Application Checklist

Make sure you have enclosed the following items:

- Filled up application form, complete in all details
- Four passport size color photographs
- Certified copy of your official academic record
- Copy of your work experience. (Also attach your visiting card)

By Initialing and signing below, I certify that the details provided above are true and factual and complete to best of my knowledge. I also understand that if any of the data provided by me is found to be incorrect, I will be summarily expelled from the program.

Applicant's Signature:

Date: