

FORM NO.: TIMS

TECHNO INSTITUTE OF MANAGEMENT SCIENCES

Affiliated to Abdul Kalam Technical University (AKTU) College Code: 996

CAMPUS: Techno Group of Institutions, Near Indira Nahar, Faizabad Road, Lucknow-226028

Email: registrar@tims.edu.in, Contact: 9839506777

Master of Business Administration MBA

(PLEASE FILL ALL THE DETAILS IN CAPITAL LETTERS)

Affix Self-Attested Recent Passport Size Colour Photograph

				L		
Name in Full		•••••				
Father's Name	Occupation					
Mother's Name			Occupation	on		
Date of Birth(DD/MM/YYY	Y)//					
Gender: Male		ood Group:	Nation	ality		
State of Domicile		Reli	gion			
Category : GEN	SC/ST OB	С	OTHERS			
Email Address(Student)						
Local Address :						
Calling Contact No. (Stude						
Permanent Address :			-	-		
Annual Income of Father/			•••••		• • • • • • • • • • • • • • • • • • • •	•••••
Area to which you belong	: Rural Urb	oan				
Academic Details: Please attach a Self Atteste	nd Cany of your Dagrage	/ Cortificator				
	ne of the Institution/University	Board/University	Major S	uhiects	Year of	Percent
1 High School	ne of the institution, offiversity	boardy offiversity	IVIAJOI 3	ирјеста	Passing	-age
2 Intermediate	·				1	
3 Graduation						
4 Post Graduation						
5 Other						
Competitive Exams Deta	ails :					
(If Applicable) Please attach	a Self Attested Copy of Cert	ificates.				
Test Score Registration Number CAT / MAT / XAT / CMAT / UPSEE		Score		Date of Examination		
WORK EXPERIENCE (If Appl	icable) Please Start with Re					
Name of the Organization Designation		Duration To		Remarks		
		From	lo lo	, Re	marks	
		From	l lo	Re	marks	
		From	lo lo	Re	marks	

Please bring all work experience certificates and copy of Salary Slip at the time of Group Discussion / Personal Interview (If short-listed for the same)

Special Achievements :			
Introduce Yourself:			
Details of the Entrance Exam (If Applicable) :			
Name of the Examination			
Roll No.:			
Qualified : Yes No No			
How did you come to know about TECHNO GROUP OF INSTITUTIONS? (Kindly mention the name of the source)			
(Kindly mention the name of the source)			
DECLARATION I confirm that the particulars given in this form are true to the best of if admitted in the College, I shall abide by the Statutes, Ordinances are			
Applicant's Signature	Date		
ADMISSION PROCEDURE (For Student's I	nformation)		
er receiving this form and all your documents, college will proceed with your application and you will led to appear in the TEST/GDPI. If successful, college will issue the offer letter.			
Note:			
 The applicant must submit his / her six passport size coloured all relevant certificates and documents. 	photographs and self attested copy of		
 Our policy of 'Equality & Diversity', promises equal treatment gender, sexuality, race, colour, disability, religion, age and ethnic 			
(FOR OFFICE USE ONLY)			
Admitted to :	Not Admitted		
DETAILS OF THE SCHOLARSHIP (IF ANY):			
Date :	Authorised Signatory		
This form is checked / verified by	Additionised Signatory		