



<b>(b) GRADUATION DETAILS</b>						
Graduation Degree Title (in full form)	Name of the Institution	Medium of Instruction	Duration (Years) Please tick (✓)	Mode of Study	Month & Year of Passing	% of Marks*
			<input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> > 4 Years	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance		

\* Marks as calculated by the University.

<b>(c) POST-GRADUATION DETAILS</b>						
Degree Title (in full form)	Name of the Institution	Medium of Instruction	Duration (years)	Mode of Study	Month & Year of Passing	% of Marks*
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Distance		

<b>(d) ADDITIONAL QUALIFICATIONS (Please give the details of qualifications attained only)</b>						
Program	Name of the Institute / University	Medium of Instruction	Duration (years)	Month & Year of Passing	% of Marks*	

<b>(e) AWARDS AND RECOGNITIONS</b>		
List awards, distinctions, honors and scholarships (academic, extracurricular, professional, community, etc).		
Awards	Year	Basis
1.		
2.		
3.		
4.		
5.		

Attach additional sheets, if required.

<b>(f) LANGUAGE PROFICIENCY</b>									
Please list languages (other than English) and tick (✓) at the appropriate place. Underline your mother tongue.									
The medium of instruction at IBS is English. All students are expected to have proficiency in speaking and writing good English. Those who have not studied in English medium at Graduation Level are required to submit satisfactory TOEFL / NELTS / IELTS scores by 31 <sup>st</sup> May 2017.									
Language (Other than English)	Writing			Reading			Speaking		
	Good	Fair	Nil	Good	Fair	Nil	Good	Fair	Nil

<b>3. HEALTH</b>
<b>Self</b>
Did/Do you suffer from any major illness/disability in the past/present? Please tick (✓)
<input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes", please give details : _____ _____ _____

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

Present Organization/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Pin

Tel: \_\_\_\_\_ Website : \_\_\_\_\_  
(STD) Tel No.

Type of Company:  Private Listed  Private Un-Listed  Public  Others \_\_\_\_\_  
(If, Others please specify Nature of Business)

No. of Employees \_\_\_\_\_ Annual Turnover (Rs. in crores) \_\_\_\_\_ 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			
Fax			
Mail id of Organization			

\* Additional sheets may be used, if required.

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. Have you been associated with ICFAI earlier?**

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

**7. Do you know any one in the ICFAI system?**

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

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

**9. Why do you want to join this program ?**

.....

.....

.....

**10. What is your intended area of research within your stated specialization? Describe.**

.....

.....

.....

.....

**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 favours 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.

In the event I withdraw or my admission is cancelled by the institute, I am liable to refund the stipend and the tuition fee provided to me as financial assistance by the institute. To this end, I understand that I have to execute a financial assistance agreement along with a guarantor for the financial assistance provided by the institute and submit the same on the day of registration.

Place:..... Applicant's Signature : .....

Date :..... Name : Mr./Ms. ....