



GITAM INSTITUTE OF MANAGEMENT

GITAM UNIVERSITY

(Estd. u/s 3 of UGC Act, 1956)

Gandhi Nagar Campus, Rushikonda, Visakhapatnam - 530 045.

ADMISSION APPLICATION FORM

(Must fill all the applicable fields without any blank)

Form No.
(for office use only)

Paste your recent
passport size
colour photograph
DO NOT
PIN or STAPLE

Postgraduate Programs : **1. MBA** **2. MBA (HRM)** **3. MBA (CMU-USA)**
(Rank as per your choice or leave blank if you do not wish to be considered for a programme)

Undergraduate Programs: **1. BBA** **2. BBA+  (Management Accounting)** **3. BBA (Business Analytics)**
4. MBA Integrated (5 Yrs) **5. B.Com (Hons.) + **

Name of the Applicant :
(As appeared in Class X or Equivalent Marks Memo)
First Name Middle Name
Last Name

Name of the Parent / Guardian :

Occupation : _____ Organization : _____

Address for Correspondence (Do not repeat name) : _____

Pin Code: _____ State : _____ Nationality : _____

Date of Birth : Date Month Year Sex (Mark **3**) : Male Female

Category (Mark **3**) : OC BC SC ST PH

STD Code Landline 1 Landline 2

Mobile Number : Mobile Number :

Email Address

Details of qualifying examinations :

	School/College	Title of the Degree/ Qualification	Max Marks	Marks Obtained	%/ CGPA	Year of Passing
X / SSC*						
Inter / 10+2*						
Undergraduate*						

(* Specify Title of the Degree Awarded)

Details of Work Experience, if any :

Total Work Experience : _____ (in Years)

Present Organization : _____ Designation : _____

Score acquired if any, in any of the following Tests :

	CAT	MAT	GMAT	XAT	UGAT	GAT
Regn. No.						
Date of Test						
Score						
Percentile						

Preferred GD & PI Center :
 (Refer website www.gitam.edu or prospectus for GD&PI Centers and Schedule)

Preferred GOT Center (for those who don't have any of the test scores mentioned above). Choose one of the below:

GITAM Institute of Management, Visakhapatnam GITAM City Office, Hyderabad

Preferred Test Date :

Payment Particulars :

Date of Demand Draft Issued Amount ₹.

DD No Name of the Bank

Name of the Branch

(Note: DD should be taken in favour of GITAM Institute of Management, GITAM University payable at Visakhapatnam)

Declaration : I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. In the event of submission of incorrect or untrue information, I understand that my admission is liable for cancellation. Further I understand that my admission is purely provisional and subject to the fulfilment of the eligibility conditions. There will be no refund of Application Fee for any reason. I agree to receive communication through SMS related to admission process. I shall abide by the rules and regulations of GITAM UNIVERSITY.

SIGNATURE OF PARENT/GUARDIAN

SIGNATURE OF THE APPLICANT

DATE

Documents Enclosed :

- | | |
|---|---|
| 1. Original Demand Draft <input type="checkbox"/> | 2. Copy of 10th Pass Certificate <input type="checkbox"/> |
| 3. Copy of 10+2 Pass Certificate <input type="checkbox"/> | 4. Copy of Degree Marks Statement if available <input type="checkbox"/> |
| 5. Copy of Registration (CAT/MAT/GMAT/XAT), if available <input type="checkbox"/> | 6. Score Card (CAT/MAT/GMAT/XAT), if available <input type="checkbox"/> |

The application and the necessary documents are to be sent by Registered Post / Courier to the following address :

The Chairperson - Admissions, GITAM Institute of Management, GITAM University, Gandhinagar Campus, Rushikonda, Visakhapatnam-530 045.

Principal Office :

Ph : 0891-2840301, 2840302 Fax: 0891-2790037
 e-mail : principal_gim@gitam.edu

Admissions Office:

Ph : 07660000667 / 68, 0891-2840309, Mob:07660000660
 or Give Missed call to 7660000658
 e-mail : admissions.gim@gitam.in