

GITAM INSTITUTE OF MANAGEMENT

POST GRADUATE DIPLOMA IN RISK & INSURANCE MANEGEMENT (PGDRIM)

Evening Programme Admission Notification 2015-16

Eligibility: Graduate of any discipline from recognized university. Those who are pursuing PG Programmes are also eligible

Application form can be downloaded from the University website **www.gitam.edu**. Each filled in application be accompanied with a demand draft for **Rs. 1000/- (Rs.600/- for female candidates)** drawn in favour of GITAM University payable at Visakhapatnam. The filled in applications should reach along with all the enclosures **Director - Admissions**, **GITAM University on or before 29**th **September 2015**.

- * Preference will be given to candidates with work experience
- * Admissions will be based on performance in the qualifying examination / Work experience

for more details contact: G. ARTI, Assistant Professor

GITAM INSTITUTE OF MANAGEMENT, GITAM UNIVERSITY, Rushikonda, Visakhapatnam - 530 045.

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www.gitam.edu/GIM

GITAM UNIVERSITY

(Declared as Deemed to be University u/s 3 of the UGC Act, 1956)
Accredited by NAAC with 'A' Grade

Gandhinagar Campus, Rushikonda, Visakhapatnam-530 045, A.P., India

0891-2840311 / 312 0891-2790404 Fax : 0891-2795 312, admissions.gim@gitam.in Website : www.gitam.edu

Last Date: 29th September 2015

Application No.

(to be filled in by the Office)

APPLICATION FORM for Admission into PGDRIM Part Time 2015-16

1.	Full Name	I Name in block letters (As it appears in SSC / X Examination mark sheet):																					
2.	Gender (tick	k √ appro	opriate	box)	: N	Male			F	ema	le [
3.	Date of Birt	th (dd mr	m yyyy	·)	:																		
4.	Reservation	Categor	ſy		:			SC]		ST			<u>H</u>									
5.	Details of E equivalent p				Jnive Stat					Yea pass	r of sing] C	lass					Mark GPA			
6.	Subjects ta	aken in d	legree		: '	1)				_2)					3)					_			
7.	The fees to						is F	Rs.10	00/- f	or bo	ys aı	nd R	Rs. 6	00/	- fir	girls	dra	wr	in in	favo	or o	f G	ITAM
	DD No:			Date	:			Nam	e of t	he Ba	nk &	Bra	ınch	:	Г					٦			
8.	Candidate ⁶	's Name	and co	mplet	e ma	iling	addr	ess.															
	Address:						_					_				Pass	port	ph	oto				
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	PIN CODE:										_		Г]			
	Email: _							Phon	ie:														
11.	Name of Parent / Guardian as in 10 th Class certificate:												Signature of the candidate										
]

DECLARATION BY THE CANDIDATE

1. I hereby declare that all the particulars stated in this application are true and correct to the best of my knowledge and belief. I have read the Information Brochure and I shall abide by the terms and conditions therein. In case if any of the details mentioned above are found to be false / incorrect at a later stage, I understand that I will be held liable for any action to be initiated by the University.

Place:

Countersigned by parent/guardian

Signature of the candidate

Enclose a set of Photostat copies of the following: 1. X Class Certificate 2.Degree Certificate & Marks statements 3.Caste Certificate (for SC & ST) 4. Medical Certificate for PH