



ICECD INSTITUTE OF MANAGEMENT & ENTREPRENEURSHIP (IIME)

ADMISSION FORM

* First Name :

* Middle Name :

* Last Name :

* Date of Birth :

Gender : male female

Nationality :

* Course Applying for :

- EME (Post Graduate Diploma in Enterprise Management in Entrepreneurship)
- RDM (Post Graduate Diploma in Rural Development Management)
- NGO (Post Graduate Diploma in NGO Management)
- SE (Social Entrepreneurship)

* Course Type :

- I Year Full Time Course at IIME
- Distance Learning

* Last Educational Qualification :

Year of Passing :

College/University :

If there is gap in study mention reason with suitable evidence :

Detail Additional Qualification :

S No	Exam Passed	University/ Board	Year of Passing	Subjects	%Age/ Grade
1	X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	XII	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Address (For Correspondence) :

Address (Permanent) :

* Phone :

Mobile :

* Email :

Father's Name :

Father's Qualification :

Father's Occupation :

Mother's Name :

Mother's Qualification :

Mother's Occupation :

* How did you come to know about the course?

- News Paper
- Through Website
- Through Friend/Colleague
- Seminar/Counseling
- Social Networking Sites

if other please specify :

* Demand Draft No (Rs.150) :

* Name of Bank :

Branch :