



<b>Form No:</b>	
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## Post Graduate Diploma in Capital Market (PGDCM)

### APPLICATION FORM - 2009

#### Instruction

1. This form is an integral part of the admission process. Please provide correct information. Admission granted on incorrect information will be **ipso facto** null and void.
2. Fill in the application form legibly. Incomplete forms shall not be considered.
3. Do not attach any certificates and mark sheets or their copies to this form.
4. In all matters regarding admission to the programme, the decision of the University will be final and binding on the applicant. No correspondence from the applicant with respect to his/her non-selection will be entertained. The admissions process at the University shall be subject to the Jurisdiction of the courts of Ahmedabad.

#### A. Personal Details

Name (Block Letters): \_\_\_\_\_  
First Name Middle Name Last Name

Address: \_\_\_\_\_  
(For Correspondence) \_\_\_\_\_

\_\_\_\_\_ Pin \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: (Block Letters) \_\_\_\_\_

Sex: Male  Female

Date of Birth: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Age (as on 1.6.2009): \_\_\_\_\_ years

Nationality: \_\_\_\_\_

Father's /Guardian's Name: \_\_\_\_\_

**Affix a recent  
passport size  
photograph  
and sign  
across it.**

**B. Education**

Name of Examination (mention degree awards)	Year	Aggregate Percentage	Major Subject	University/Board
Bachelor's Degree .....				
Master's Degree .....				
Other Degree/ Examination .....				

**C. Training programmes/courses (other than your academic courses) that you have completed and consider important (if any)**

Sr. No.	Programme/Courses	Duration	Institution

**D. Work Experience (only full-time job)**

Sr. No.	Position	Organisation	Period		
			From (month/year)	To (month/year)	Total No. of Months

**E. Declaration**

I have carefully read the instructions and agree to abide by the decision of the Institute regarding my selection to the programme. I certify that the information furnished in this application form is correct to the best of my knowledge and belief.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

**The filled application form should be returned latest by August 05, 2009**



**Admission Test Admit Card  
Post Graduate Diploma in Capital Market  
PGDCM**

Form No: \_\_\_\_\_

Name: \_\_\_\_\_

Test Date: August 09, 2009 Time: 10.00 am

Test Center: Institute of Management  
Nirma University of Science & Technology  
Sarkhej-Gandhinagar Highway  
Ahmedabad 382 481  
Phone No: 02717-241900/01/02/03/04

**Affix a recent  
passport size  
photograph  
and sign  
across it.**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Deputy Registrar

# Post Graduate Diploma in Capital Market



**Institute of Management**

**Nirma University of Science and Technology**

Sarkhej-Gandhinagar Highway, Ahmedabad 382 481

Phone: 02717-241900/01/02/03/04 Fax: 02717-241916