



SGSIK'S

**ARUNA MANHARLAL SHAH INSTITUTE OF MANAGEMENT & RESEARCH****(Approved by AICTE, Govt. of Maharashtra & Affiliated to University of Mumbai)**R.B. Kadam Marg ( Jivdaya Lane), Off LBS Marg, Near MTNL Telephone Exchange,  
Ghatkopar (W), Mumbai – 400 086. Tel:- +91-22- 25135105 /25126805

Fax:- +91-22-25122305 E-mail info@amsimr.org

Website: http://www.amsimr.org

**ADMISSION FORM – MMS I<sup>st</sup> Year 20\_\_-20\_\_**  
(To be filled in by the candidate)Affix Recent  
Passport size  
colour  
Photograph

OFFICE USE ONLY				
PG. REGISTRATION NO	COURSE	BATCH	G.R. No.	ROLL No.

1. Name : Mr. / Ms. \_\_\_\_\_  
(In Block Letters) Surname Name Father/Husband's Mother's2. Date of Birth:       Age:   Yrs.   Months3. Sex: Male ☐ Female ☐ 4. Marital Status: Married ☐ Unmarried ☐

5. Nationality: \_\_\_\_\_

6. Domicile: Maharashtra ☐ Other State ☐ (Specify) \_\_\_\_\_7. Mother tongue: \_\_\_\_\_ 8. Category: Reserved ☐ Minority ☐

If Reserved/Minority (Tick ✓): SC/ ST/ OBC/ NT/ VJ Minority: Jain/Christens/Muslim/Parsi/ Buddhist

8. Email ID :(IN BLOCK LETTERS): \_\_\_\_\_

9. Student's Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Residence: \_\_\_\_\_ Mobile No: \_\_\_\_\_

10. Permanent Address with (Father's/ Guardian's) Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_ Designation \_\_\_\_\_

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

Email ID :(IN BLOCK LETTERS): \_\_\_\_\_

11. AICTE-CMAT Roll No. \_\_\_\_\_ Total Score \_\_\_\_\_ Percentile \_\_\_\_\_

Date of Examination (CMAT) \_\_\_\_\_

## 12. Academic Performance:

Examinations	Degree	Board / University	Month & Year of Passing	Marks		Percentage *	Class
				Secured	Max.		
X <sup>th</sup> Std.							
XII <sup>th</sup> Std.							
Graduation							
Post Graduation							
Other Qualification							

\*If marks are in grade, convert the same into percentage.

## 13. Specialisation Requested. (Pls. ✓ on any one of the following)

1) Finance

2) Marketing

3) Operation

4) Human Recourses

## DECLARATION BY THE CANDIDATE AND PARENT

- I understand that my admission to this course will be merit based and subject to the rules and regulations of the AICTE, University of Mumbai, DTE, Govt. of Maharashtra and the Institute.
- I understand that if my **Final Year Degree Mark Sheet, Migration and TC or Leaving Certificates** are not submitted by 30/09/20\_\_\_\_, my admission will be cancelled.
- I will be abiding by the rules of Directorate of Technical Education (Maharashtra State) for cancellation of admission and refund of fees.
- I understand that I must attend 85% of the number of lectures for each subject, in the absence of which I will not be eligible to write the examination in that subject.
- I understand that I will be punished as per the rules of the University of Mumbai if I am found guilty of using unfair means during examinations.
- I am aware that ragging is banned in the institute and if I indulge in ragging I am liable to be punished appropriately which may also include expulsion from the institute.**
- I agree to abide by the rules relating to Library, Computer Laboratory and Code of Conduct of AMSIMR which are in force and may be amended from time to time.
- I understand that the Director / Registrar / Competent Authority of the institute will have full liberty to take necessary action against me for any infringement of the rules of code of conduct and discipline.
- I declare that I shall abide by the instructions and rules of the AICTE, University of Mumbai, and DTE, Govt. of Maharashtra and also the Acts and Laws in force.
- I understand that the interim fee is not the final fee and will be subject to finalization by the Shikshan Shulka Samiti. I will pay the balance fee as and when notified by the institute.
- I understand that all disputes are subject to Mumbai Jurisdiction only.
- I have kept all enclosures ready to make available on demand for admission. I have checked all entries in this application and confirm that they are true to the best of my knowledge and belief. I will abide by the rules and regulations of the institute.
- I declare that I have read all the rules and regulations of admission and have consulted my parents / guardians and detailed filed are best of my knowledge.

Place: \_\_\_\_\_ Date \_\_\_\_\_ Signature of the Student \_\_\_\_\_

I confirm that my son / daughter / ward will abide by the rules and regulations as mentioned above.

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



**Checklist for verification of certificates**  
(√ mark if applicable)

- |   |                          |
|---|--------------------------|
| 1. X <sup>th</sup> Standard Mark sheet & Certificate                  | <input type="checkbox"/> |
| 2. XII <sup>th</sup> Standard Mark sheet & Certificate                | <input type="checkbox"/> |
| 3. F.Y / S.Y OR Semester I / II / III / IV / V/ VI/ VII               | <input type="checkbox"/> |
| 4. Bachelor Degree Mark sheet and Certificate                         | <input type="checkbox"/> |
| 5. CMAT Score Card  | <input type="checkbox"/> |
| 6. Gap Certificate (If any)   | <input type="checkbox"/> |
| 7. Migration Certificate  | <input type="checkbox"/> |
| 8. Leaving / Transference Certificate.                                | <input type="checkbox"/> |
| 9. Nationality / Domicile Certificate / Birth Certificate             | <input type="checkbox"/> |
| 10. Caste Certificate and Validity Certificate ( if applicable)       | <input type="checkbox"/> |
| 11. Non - Creamy Layer Certificate ( if applicable)                   | <input type="checkbox"/> |
| 12. District Change Certificate ( if applicable)                      | <input type="checkbox"/> |
| 13. Performa H & Performa I   | <input type="checkbox"/> |
| 14. Medical Certificate issued by the Registered Medical Practitioner | <input type="checkbox"/> |

Checked by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Verified by: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Remark:** \_\_\_\_\_

Registrar

Director

**UNDERTAKING**

I \_\_\_\_\_ here by state that I have been admitted provisionally through CAP round to the first year MMS Course in the academic session 20... – .... I am aware that Rs:...../- is interim fees as declared by Shikshan Shulka Samiti for the session 20... – .... In the event of any revision in fee by Shikshan Shulka Samiti, I will be liable to pay the difference in stipulated time.

Further I am aware that if I do not produce my Degree Passing Certificate by 30/09/..... with minimum passing percentage as per DTE, AICTE & University of Mumbai my admission stand cancelled.

**For Candidates belongs to the Reserved Category**

**UNDERTAKING**

I \_\_\_\_\_ here by state that I have been admitted provisionally through CAP round \_\_\_\_\_ to the first year MMS Course in the academic session 20... – .... Further I am aware that if I am not able to produce **caste validity certificate** by 30/11/20\_\_\_\_, my application for Scholarship/ Free ship will not be consider by Govt. of Maharashtra.

In the above event I will be liable to pay full tuition fee if my Scholarship / Freeship application rejected by the Govt. of Maharashtra.

As per the Notification of the Pravesh Niyantaran Samiti, I am aware that if I am not able to produce caste validity certificate my admission stands cancelled.

Student Signature: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_