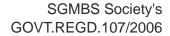


SGMBS Society's GOVT.REGD.107/2006

Enhance Your Potential

	FOR C	FFICE USE ONLY		
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1. EMPLOYEEL	_CHANNEL PARTNER_	STUDY CENTER[BRANCH CODE	
Code No.:	Name:		Signature	e:
Total Fees Rs.:	Total Fees	Rs. (In Words):		
Scheme :	Re			
Enrollment No.:	Accountant	Name :	Sig	n.:
2. Application for Ac	dmission to :			
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5. Full Name in Blo	ck Letters			
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(First Na	,	(Middle Name)	(Last Na	ime)
6. Father's / Husbar	d's Name :			
(First Na	ne)	(Middle Name)	(Last Na	ime)
7. Male :	Female :	Married:	Unmarrie	ed:
8. Date of Birth (D/M	I/Y)			
9. Nationality :				
10.Address for Com	munication:			
Plot No.:	Area :		_ Landmark :	
City :	Pin Code :	State :	Country :	
11.Permanent Addre	ess :		Г	
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12. Tel. No. : (Res.)				
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Enhance Your Potential

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reason.

13. Academic	Details :			
Last Qualification	Name of the Institute / College / School / University	Passing Year	Subject / Specialization	Results Grades / Percentage
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	erience (Starting with the mos		:	
Total Experien	nce : Year : Month :	Currer	nt Organization :	
15. Exam Opt	ion : From Home	Stud	y Center	Online
16. Total Fees	s Rs. : I	n words :		
17. DECLARA	ATION BY THE CANDIDATE :			
I		certify t	hat all information prov	vided on this application
form is compl	ete and accurate. I agree to	familiarize m	yself with all the rules	and regulations of the
· ·	program set forth by EIMT ar			· ·
	of EIMT as an organisation of			
	fees once paid shall not be d am in complete senses whil			ce. I cleany understand
the above and	ram in complete serioes will	o signing time	acolaration.	
Signature :		Date :		
18. DECLARA	ATION BY THE EMPLOYEE /	CHANNEL PA	ARTNER :	
I	(Code No. :	hereby o	declare that I have seen
the original ac	ademic documents of my clie	ent		and if anything
	the Process of documentation			
0:		D .		
Signature :		Date :		
	Mark Sheets and Certificates, as pr			ached.
	one application xerox copy of this a d is non refundable under any circur		an be used.	
•	ill have to pay Rs. 500/- as cheque b		in case the bank refuses to	clear the cheque due to any