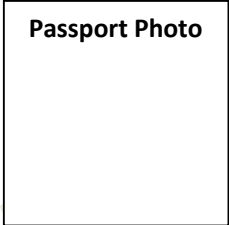




MANAGEMENT INSTITUTE FOR LEADERSHIP AND EXCELLENCE

ADMISSION APPLICATION FORM FOR ACADEMIC YEAR 2017-19



(To be filled by the Applicant)

A. STUDENT CONTACT INFORMATION (In block letters)

First Name _____ Middle Name _____ Last Name _____

Date of Birth (DD/MM/YY) : _____ Gender: _____ Marital Status _____

Mobile: _____ Tel: _____ Email Id: _____

Nationality: _____ Religion: _____ Mother Tongue: _____

Residential Address for Correspondence:

City _____ State _____ Pin Code _____

Permanent Address including Telephone No.: (If different from above)

City _____ State _____ Pin Code _____

B. FAMILY BACKGROUND (In block letters)

Father's Name: _____

Occupation: _____ Organization: _____ Contact No: _____

Mother's Name: _____

Occupation: _____ Organization: _____ Contact No: _____

C. ACADEMIC QUALIFICATIONS

SL. No.	Degree/ Certificate	School/ Institute	Board/ University	Stream	Year of Passing	% of mark/ grades
	Professional Certificate (if Any)					
	Post Graduation					
	Graduation					
	XII					
	X					

D. COMPOSITE SCORE OF COMPETITIVE TESTS

Sr. No.	Competitive Test	Passing Month & Year	Composite Marks Obtained	Maximum Marks
1.	CAT / MAT			
2.	CMAT / ATMA			
3.	MH-CET / XAT			

E. WORK EXPERIENCE (Please put NA – Not Applicable wherever necessary)

Note: Please provide the attested photocopies of the work experience certificates along with the application form.

Date		Organization	Designation	Responsibility	CTC
From	To				

F. Extra Curricular Activities / Hobbies/ Award Details

K. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and suitable action shall be taken against me by the MILE Management as deemed fit. I hereby authorize sharing of the information furnished on this form with the Management Institute for Leadership and Excellence. I am medically fit to resume the full time PGDM Course and do not suffer from or have a chronic history of infectious diseases. If selected into the MILE PGDM program, I shall abide by the rules, regulations and instructions set forth by the MILE Management for the Course, Examinations, Hostel and Mess from time to time.

Signature: _____ Place: _____ Date: _____

L IMPORTANT INSTRUCTIONS

- The completed Application Form should be submit along with the Demand Draft favoring “MILE-Management Institute for Leadership and Excellence” Payable at Pune on any working days, from 10.00 a.m. to 4.00 p.m.
- The Application Forms can also be submitted by Post / Courier and via Website.

Mode of Payment:

1. Cheque or Demand draft in favor of Management Institute for Leadership and Excellence payable at Pune.
2. Online payment through NEFT/RTGS/Cash Deposit. Details as stated below:

Name of Account Holder: Management Institute for Leadership and Excellence

Bank Name: Kotak Mahindra Bank Limited.

Branch Name: Ramwadi Pune

Bank Account No.: 7611533804

Bank IFSC Code: KKBK0000730

Please Note: All disputes under Pune Jurisdiction

Management Institute for Leadership and Excellence
MILE Tower, Lexicon Estate, Pune-Nagar Road, Wagholi, Pune.

Call: + 020 – 6060 6162 / **Email:** admissions@mile.education

Website: www.mile.education

Facebook: www.facebook.com/punemile

Admission Helpline Nos.: 9146014947 / 9146014952

***** WELCOME TO MILE*****