

Academic Details :

Name of Examination	Board/University	Year of Passing	Percentage /Grade	Specialization /Stream
High School				
Intermediate				
Graduation				
Any other qualification				

Entrance Examination Details

CAT
 MAT
 C-MAT
 OTHERS (XAT/ATMA/SNAP)

Reg./Roll No.
 Score
 Percentile

Professional Experience(if Any)

Name of the Company	Designation	Period From-To	Exp. in Year(s)	Responsibilities

Where did you come to know about the Institute and the program : (Name).....

Website
 Alumni
 Magazine
 Newspaper
 Friends/Family
 Social Media
 Others

I confirm that to the best of my knowledge the information contained in this application form is true and accurate. I have gone through the contents of the Prospectus and agree to all the conditions stipulated therein and if admitted, will also abide by the rules and regulations SSIM as may be in force from time to time.

 Date:

For Office Use Only

Form No.* Registration No.
 Name
 Checked By
 Signature