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**REGISTRATION FORM FOR
 ONE YEAR WEEKEND DIPLOMA IN SOCIAL ENTREPRENEURSHIP /
 PART TIME MBA (FIRST YEAR) IN SOCIAL ENTREPRENEURSHIP**

Academic Year: _____. Please indicate your choice of Programme: Diploma Part Time MBA

Full Name: _____
 (In Capital) Surname First Name Father's / Husband's name Mother's Name

Date of Birth: _____ Age : _____ Sex: Male Female

Marital Status: Married Unmarried Applying as: Individual Candidate Sponsored Candidate

Residential Address: _____

Tel.: (R): _____ (O): _____ (M): _____ Work Exp.: _____ Year(s).

E-Mail Address: _____ Occupation: _____

Occupational Address: _____

Academic Qualifications: (Copies must be attached. Original Certificates should be produced for verification at the time of Admission)

Examination (Specify)	College/University Name	Year of Passing	Marks		Percentage & Class
			Obtained	Out of	
S.S.C.					
H.S.C.					
B.A./B.SC./ B.COM./ B.E. etc					
Others (Specify)					

Work Experience: (Attach Experience Certificate)

Name of the Organization (Starting with the present employer)	Designation	Period		Brief description of the nature of job
		From	To	

I have checked all the entries in the application. The information furnished by me in this application form is true to the best of my knowledge and belief. I am aware that if any of the information given by me is found to be incorrect, my admission, if granted to this course is liable to be cancelled and the fees paid by me will be forfeited. I agree to abide by the rules and regulation of this University.

Date: _____

NOTE: FEES ONCE PAID ARE NOT REFUNDABLE.

Signature of the Applicant