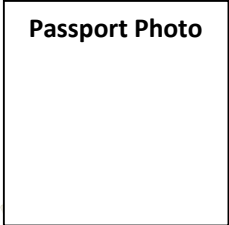




**MANAGEMENT INSTITUTE FOR LEADERSHIP AND EXCELLENCE**

**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**

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**G. Please write a STATEMENT OF PURPOSE, explaining how a PGDM programme of your choice will benefit you on both professional and personal fronts. (Maximum 250 words) If required, please attach additional pages.**

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**H. How did you come to know about MILE? Please Specify Source.**

1. Alumni: \_\_\_\_\_ 2. Friends/ Relatives/ Parents \_\_\_\_\_  
3. Website \_\_\_\_\_ 4. Coaching Institute \_\_\_\_\_  
5. Newspaper/ Magazine \_\_\_\_\_ 6. Any other (Please Specify) \_\_\_\_\_

**I. Mode of Payment.**

Cash  Cheque  Demand Draft  DD/Cheque No. \_\_\_\_\_

Date \_\_\_\_\_ Bank Branch & City \_\_\_\_\_

**J. ENCLOSURES (Please tick wherever applicable)**

- (i)** Proof of age (Date of Birth Certificate / SSC Certificate / - Attested photocopy School Leaving Certificate)
- (ii)** Marks sheet & Passing Certificate of SSC, HSC & Degree - Attested photocopy examination passed. Students awaiting final year results should submit Marksheets of all earlier years.
- (iii)** Score Card of Competitive Tests - Attested photocopy
- (iv)** Work Experience Certificate - Attested photocopy
- (v)** Details of Demand Draft for Application Form.

## 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\*\*\*\*\*