



**International School of Information Management**  
**University of Mysore, Manasagangotri, Mysore – 570 006.**  
 Tel: +91-821-2514699; Fax+91-821-2519209; Website: www.isim.ac.in

**Application Form for  
 Post Graduate Diploma in Information Management  
 2012 – 2013**

Instructions: 1. All details to be filled in CAPITAL letters only. 2. Send the application form duly filled along with a Demand Draft or a Pay Order for Rs.500/- drawn in favour of "International School of Information Management" payable at Mysore, without which your application form is considered invalid. 3. Enclose two additional passport size photographs. 4. Last date for receiving duly filled application form is 1 <sup>st</sup> September 2012.	<b>Candidate's Photograph</b>
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**1. NAME: As per SSLC Marks Card**  
 FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

**2. DATE OF BIRTH:** DAY: \_\_\_\_\_ MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

**3. NATIONALITY:** \_\_\_\_\_ **4. GENDER:** MALE FEMALE

**5. POSTAL ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**TEL:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_ **EMAIL ID:** \_\_\_\_\_

**6. PERMANENT ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**CITY:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**7. EDUCATIONAL QUALIFICATIONS (Attach XEROX Copies Of Class X Onwards Mark-Sheets):**

EXAMINATION	YEAR	BOARD / UNIVERSITY	SCHOOL / COLLEGE	SUBJECT	AGGREGATE		
					MAX MARKS	MARKS OBTAINED	%

**8. WORK EXPERIENCE (IF ANY):** \_\_\_\_\_

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**9. HOW DID YOU COME TO KNOW ABOUT ISiM? (Tick all the appropriate options)**

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|---|--|
| <input type="checkbox"/> Advertisements (Newspapers/Magazine)       | <input type="checkbox"/> ISiM Website                                |
| <input type="checkbox"/> Posters/Banners at college or other places | <input type="checkbox"/> Internet search (Google/Forums/Reviews etc) |
| <input type="checkbox"/> Events (Fairs/Conferences/Workshops etc)   | <input type="checkbox"/> Somebody referred (Friend/Family)           |

**DATE:**  
**PLACE:**

**CANDIDATE'S SIGNATURE**

