



Form No.: \_\_\_\_\_

ACADEMIC YEAR : \_\_\_\_\_

COURSE: \_\_\_\_\_

Maratha Mandir's

## BABASAHEB GAWDE INSTITUTE OF MANAGEMENT STUDIES

1<sup>st</sup> Floor, Babasaheb Gawde Chowk, Dr. A.B. Nair Road, Mumbai Central, Mumbai – 400 008.

### ADMISSION FORM

#### Instructions

- (1) Only one form shall be submitted by a candidate.
- (2) Form should be filled in CAPITAL letters only.
- (3) In case of overwriting, the form may be rejected.
- (4) Please fill in the application form completely and correctly.
- (5) Please ✓ appropriate box, wherever provided.
- (6) Please submit the application to the competent admission authority on or before the last date of submission.
- (7) Submit FIVE recent passport size photographs

Affix  
Passport Size  
Recent colour  
Photograph

#### 1. CANDIDATE'S GENERAL INFORMATION:

1. Name : 

Surname	First Name	Father's Name	Mother's Name

(Note: Name should be exactly as mentioned in S.S.C. certificate)

2. Gender :  Male  Female  Transgender

3. Date of Birth : 

DD		MM		YYYY			

4. Marital Status :  Single  Married  Divorcee

5. Nationality: \_\_\_\_\_ 6. Religion: \_\_\_\_\_

7. Caste of candidate: \_\_\_\_\_ 8. Sub-Caste, if any : \_\_\_\_\_

9. If Reserved Category :  
(Tick the appropriate Column)

SC	ST	NT-B	NT-C	NT-D	VJ	SBC	OBC	Open

10. Domicile: \_\_\_\_\_ 11. Mother tongue: \_\_\_\_\_

12. Permanent Address: \_\_\_\_\_

City / Village :  State :

Pin :

Telephone Number : \_\_\_\_\_ STD Code  -

13. Native Place Address: \_\_\_\_\_

City / Village :  State :

Pin :

Telephone Number : \_\_\_\_\_ STD Code  -

14. Local Address : \_\_\_\_\_  
(for Correspondence & Railway Concession) \_\_\_\_\_

City / Village :  State :

Pin :

Telephone Number : \_\_\_\_\_ STD Code  -

15. Email: \_\_\_\_\_ Mobile Number :

16.

<input checked="" type="checkbox"/>	<b>All that applicable</b>
<input type="checkbox"/>	Physically Handicapped
<input type="checkbox"/>	Freedom Fighter's Son / Daughter
<input type="checkbox"/>	Teacher's Son / Daughter
<input type="checkbox"/>	Ex – Servicemen's Son / Daughter
<input type="checkbox"/>	Farmer's Son / Daughter
<input type="checkbox"/>	Maratha Mandir Employee's Relation
<input type="checkbox"/>	Maratha Mandir Member's Relation

17. Election Identification Card No.: \_\_\_\_\_ 18. Aadhar No. \_\_\_\_\_

19. Driving License No.: \_\_\_\_\_ 20. Passport No.: \_\_\_\_\_

21. Ration Card Number (Attach Xerox copy): \_\_\_\_\_

22. You have heard of this institute from: \_\_\_\_\_

23. Any other Information you would like to add: \_\_\_\_\_

## 2. FAMILY INFORMATION:

1. Father's Name : \_\_\_\_\_

(Please indicate if deceased / retired / divorcee) \_\_\_\_\_

Education : \_\_\_\_\_ Occupation : \_\_\_\_\_ Age: \_\_\_\_\_

Name & address of Office : \_\_\_\_\_

Telephone : \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

(Specify if Govt. employee): \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

2. Mother's Name : \_\_\_\_\_  
 (Please indicate if deceased / retired / divorcee) \_\_\_\_\_  
 Education : \_\_\_\_\_ Occupation : \_\_\_\_\_ Age: \_\_\_\_\_  
 Name & address of Office : \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 (Specify if Govt. employee): \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

3. Spouse's Name : \_\_\_\_\_  
 (Please indicate if deceased / retired / divorcee) \_\_\_\_\_  
 Education : \_\_\_\_\_ Occupation : \_\_\_\_\_ Age: \_\_\_\_\_  
 Name & address of Office : \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone : \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
 (Specify if Govt. employee): \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

4. Name of Brother/s & Sister/s if any :

Relation	Name	Age	Occupation	Annual Gross Income
Brother	1.			
	2.			
	3.			
Sister	1.			
	2.			
	3.			

**3. GUARDIAN'S INFORMATION:** (Only if candidate not staying with parent)

Name of the Local guardian: \_\_\_\_\_  
 Relationship with the guardian : \_\_\_\_\_ Education : \_\_\_\_\_  
 Occupation : \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile : \_\_\_\_\_ Age: \_\_\_\_\_  
 Name & address of office : \_\_\_\_\_  
 \_\_\_\_\_  
 (Specify if Govt. employee): \_\_\_\_\_ Email: \_\_\_\_\_  
 Gross Annual Income : \_\_\_\_\_ Guardian's place of Domicile: \_\_\_\_\_

**4. CANDIDATE'S ACADEMIC INFORMATION:** (Note: Starting from SSC)

Year	Exam Passed	Name of the Institute	Board/ University	%
	S.S.C.			

**5. EXPECTED SPECIALISATION:** (Tick Any One) :

Marketing     Finance     HR

We offer only above mentioned specialisations.

**6. BANK ACCOUNT FOR E-TRANSFER:** (for repayment like deposit etc., if any)

i) Name of the Account Holder : \_\_\_\_\_

ii) Name of the Bank & Branch : \_\_\_\_\_

iii) Bank A/c No. : \_\_\_\_\_      iii) IFSC No : \_\_\_\_\_

(Attach Photocopy of cancelled Cheque)

**7. REFERENCES:**

Give Two (2) references (Not in Relation)

a. Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

b. Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

## **8. DECLARATION BY THE CANDIDATE AND THE PARENT / GUARDIAN:**

1. The information furnished by me / my ward in this application is true to the best of my / our knowledge and belief.
2. I / we declare that I / my ward shall abide by all rules and Code of Conduct of the institute which I / we have read and understood. Specially I / we declare that the rule of attire that the male students should not wear lehenga, zabba and / or any kind of cap and female students should not wear burqa any time in the institutional campus will be strictly followed by me / my ward. I / we also declare that I / my ward will abide by instructions, rules etc. of the competent authority (University of Mumbai, DTE and / or other authorities) and also Laws in force from time to time.
3. I / we hereby undertake that I / my ward shall pursue the studies and shall not do anything inside or outside the institute, which may result in disciplinary action against me / my ward.
4. I / we hereby solemnly declare that I / my ward have read all the Rules of admission to the Institute and after fully understanding the same, I / we have filled in this application.
5. I / we declare that I / my ward have not been debarred from studying in any school or college or appearing in any examination during the period of my / my ward's studies.
6. I / we fully understand that no other document than those required will be entertained for priority for admission.
7. I / we fully understand that the Principal / Director, of the institute or the competent authority will have full liberty to expel me from the institute for any infringement of the rules of conduct and discipline and the undertaking given above. So also if I / my ward practice /s any unfair means during examination.
8. I / we understand that if the admission being given to me / my ward is on my / my ward's claim of reservation, the same shall be provisional and the same will be cancelled if the said claim is rejected by any Competent Authority / Director of Social Welfare Maharashtra State, Pune or found to be false. Creamy Layer certificate, if applicable, shall be produced within seven days of admission.
9. I/we accept that the fees levied for MMS are interim fees approved by Shikshan Shulka Samiti (S.S.S.) and are ready to pay the difference in fees finally approved by the S.S.S.
10. I / we fully understand that fees once paid will not be refunded.
11. I / we hereby undertake to pay fee for the entire course if I / my ward leave/s the course midstream.
12. I / we fully understand that the admission to the course will be made depending on my / my ward's inter-se-merit and availability of a seat at the time of scrutiny of my / my ward's application when I / my ward is called for a seat.
13. I / we undertake to bind myself / ourselves to pay within due date such fees, charges and the dues as levied by authorities from time to time.
14. I/my ward hereby agree to observe rules relating to library, IT Centre, I-card, Dress Code and Code of Conduct.
15. I / we shall take care that I / my ward behave/s properly and do / does nothing except in the interest of studies.
16. I/my ward am/is aware that the institute organizes guest lectures, industrial visits and other activities for students. I/my ward undertake to participate in such events organised by the institute. I/my ward undertake to abide by instructions given by the faculty in-charges of the activity and I / my ward will not hold the institute responsible for any kind of accident/untoward incident that may cause any harm/injury/loss to me/my ward.
17. I / we undertake to notify any change in the above given information to the institute within 7 days of such change in writing.

18. I/my ward am/is fully aware that all disputes will be subject to Mumbai Jurisdiction.
19. I/we accept that I/we will have to strictly abide by the dress code as prescribed by the institute while on the premises of the institute and/or representing the institute outside.
20. I/we understand and accept that I/we will not be entitled to any sort of scholarship/freeship, if the same is not granted by the concerned Authorities including scholarship/freeship awarded to SC/ST/DT/NT/OBC/SBC candidates by Social Welfare Department of Government of Maharashtra.
21. I /we understand & agree that the deposit will be refunded at the time of leaving institute after completion of programme successfully after deducting Alumni Association fee, common breakage & other dues etc.
22. I will not indulge in any behaviour or act that may be constituted as ragging & will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of AICTE regulations.
23. I/we am/are fully aware of the panel or administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging actively or passively or being part of a conspiracy to promote ragging.

Note : No candidate will be admitted to any Semester / Year Examination unless he keeps terms for that Semester / Year at an Institute and unless he is certified by the Principal / Director that he has :

- a) Put in satisfactory minimum attendance of 75% of total period as prescribed in the syllabus, separately in each and every subject of semester / year.
- b) Satisfactorily completed the specified projects, assignment, practical etc. prescribed in the syllabus / given by the faculty for the semester / year.
- c) Satisfactory progress in his studies and is of good conduct and character.
- d) Not been debarred from appearing for examination, by any government, competent authority or statutory examining authority in India.
- e) Ragging is strictly prohibited.
- f) Chewing Tobacco / Smoking Cigarette in institute premises is Prohibited

Signature of Candidate: \_\_\_\_\_ Parent's / Guardian's/Spouse Signature: \_\_\_\_\_

Date : \_\_\_\_\_ Name of the Parent /Guardian/Spouse: \_\_\_\_\_

Place : \_\_\_\_\_ Relation with the candidate: \_\_\_\_\_

## DOCUMENT REQUIREMENT AND SCRUTINY FORM

(For Fresh admission only)

Sr. No.	Particulars	Original Certificate (√ appropriate column)			Remark for Scrutiny
		Yes	No	NA	
1.	Allotment letter or printout from website				
2.	CET/CMAT/CAT/JMET/MAT/ATMA/XAT/AMMI Final Score Card				
3.	SSC Marksheet & Certificate				
4.	HSC Mark sheet & Certificate				
5.	Graduation Marksheet (all years for other than Mumbai University)				
6.	Graduation Certificate				
7.	Transfer Certificate from previous college				
8.	School/College Leaving Certificate				
9.	Indian Nationality Certificate				
10.	Provisional Eligibility Certificate				
11.	Migration Certificate				
12.	Domicile certificate				
13.	Caste Certificate				
14.	Non-Creamy Layer Certificate				
15.	Caste Validity Certificate				
16.	Proof of Date of Birth				
17.	Undertaking for Anti Ragging				
18.	Aadhaar Card				

Scrutinized by: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Recommended for Admission

Fees (Rs.) : \_\_\_\_\_

Authorized Signatory

## MEDICAL FITNESS CERTIFICATE

(By registered Medical practitioner)

I have thoroughly examined Shri./Ku. \_\_\_\_\_ today the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ and certify that he/she has sound constitution, no disease, no serious defect in eye sight, no physical disability and no mental infirmity. I further certify that he/she is fit to undergo instructions in management studies and he/she has nothing that can make him/her unfit to undergo manual work in any outdoor activity.

Weight : \_\_\_\_\_ Kgs.

Blood Group: \_\_\_\_\_

Date : \_\_\_\_\_

Height: \_\_\_\_\_ cms.

Signature: \_\_\_\_\_

Address : \_\_\_\_\_

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Registration No.: \_\_\_\_\_

**SEAL**

---

**Form No. :**

Received the admission form from Mr./Ms. \_\_\_\_\_  
For \_\_\_\_\_ Year of \_\_\_\_\_. Admission may be confirmed only after due scrutiny, availability of seat, Inter-se-merit and as per rules prescribed by the authorities.

Receiver's Signature:

Date: \_\_\_\_\_

(Note : This is only acknowledgement of receipt of admission form & does not confirm the admission.)