



**REGIONAL INSTITUTE OF COOPERATIVE MANAGEMENT
SECTOR 32-C, CHANDIGARH 160030**

**PARTICULARS FORM
TWO YEAR POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM)
AGRI.BUSINESS MANAGEMENT (2009-11)**

1.	NAME OF THE CANDIDATE (IN BLOCK LETTERS AS WRITTEN IN HIGH SCHOOL/ SSC CERTIFICATE)	PHOTO
2.	Father's Name / Guardians Name (IN CAPITAL LETTERS)	
	OCCUPATION	
	PINCODE _____ PHONE NO. _____	

3. Permanent Address with Phone No.

PINCODE _____ PHONE NO. _____

5. Communication Address

6. E-Mail ID _____

7. Date of Birth

DAY	MONTH	YEAR

8. Indicate the category to which you belong (Attach photocopy of certificate)

SC	ST	OTHERS	GENERAL	WARD	SPONSORED	PHYSICALLY CHALLENGED

9. Educational Qualification (Give details from 10th standard onwards)

Name of Degree	Name of the Examination & Major Subjects	School/ University/ Board	Year	Maxi Marks	Marks obtained	Class/ Grade
10 th standard						
10+2						
Graduation						
Post Graduation						
Professional Qualification						

*** Note: Attach Photocopies of Certificates and other documents**

10. WORK EXPERIENCE

Name of Organization	Designation	Scale/ Salary Drawn	PERIOD	
			From	To

11. OTHER RELEVANT INFORMATION

Extra curricular activities: Give details of sports, games, hobbies and other activities you consider worth mentioning including awards received, positions held in different associations etc.

12. Languages Known: Can speak -----
Can read -----
Can write -----

13. **DECLARATION**

I declare that the information given by me in the application is true to the best of my knowledge.

I agree to comply with the rules of the Institute.

I hereby submit to the disciplinary jurisdiction of the authorities of the institute and shall observe and abide by the rules laid down by the Head of the Institute.

Place : Chandigarh

Signature of the applicant

Date :

Enclosures :

1.

2.

2.

4.

Remarks

For office use

