



Powered By Prosperity Origin Educational Trust (POET)

VIDHYA SHEKHAR

INSTITUTION OF MANAGEMENT STUDIES

Approved by AICTE, New Delhi, India | Recognised by Govt. of Karnataka | Affiliated to Bangalore University

Application No:

1. Name of Candidate	<input type="text"/>	2. Father's Name	<input type="text"/>
3. Mother's Name	<input type="text"/>	4. Date of Birth	<input type="text"/>
5. Nationality	<input type="text"/>	6. Gender (M/F/TG)	<input type="text"/>
7. Category: GEN/SC/ST/OBC	<input type="text"/>	8. Religion (i.e. Hindu/Muslim/Sikh/Jain/Christian/Other)	<input type="text"/>
9. Person with disability (Y/N)	<input type="text"/>	10. AADHAAR NO.	<input type="text"/>
11. Parent Annual Income (Tick)	Below 5 Lakh <input type="checkbox"/>	5 - 8 Lakh <input type="checkbox"/>	Above 8 Lakh <input type="checkbox"/>

12. Current Residential Address

State		PIN Code	
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13. Permanent Address (Fill - 'Same', if permanent address is same as current address)

State		PIN Code	
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6. Gender (M/F/TG)

Mob No. (Candidate)	<input type="text"/>	Email-ID (Candidate)	<input type="text"/>
Mob No. (Parent)	<input type="text"/>	Email-ID (Parent)	<input type="text"/>

15. Details of Qualifications (Attach Attested Transcripts of Grades / Marks Secured)

Examination	Stream (See Eligibility Document)	Board \ University	Details of School/Institute/College			Year of passing	% of Marks Or CGPA
			Name	State	City		
10th							
12th							
Bachelor's							
Other (if any)							

16. Please Fill as Applicable ((Attach copy of score card - Mandatory)

Examination	Month & Year of Appearing	Composite/ Total Score	Overall Percentile (%)	Result Valid Upto
CAT				
MAT				
CMAT				
CUET-PG				
Other				

17. Work Experience (if any) – Attach separate sheet, if required

Position	Name of Organization	Job Profile	Period	
			From	To

18. Describe your career goals?

19. How Did You Know About VSIMS?

DECLARATION

I CERTIFY THAT ALL OF THE INFORMATION INCLUDED IN MY APPLICATION IS TRUE, COMPLETE AND ACCURATE. I UNDERSTAND THAT ALL COMPONENTS OF MY APPLICATION ARE SUBJECT TO VERIFICATION AND I GIVE MY PERMISSION FOR ANY PERSON OR ENTITY TO PROVIDE VSIMS OR ITS DULY AUTHORIZED AGENT WITH INFORMATION RELEVANT TO SUCH VERIFICATION. IF VSIMS DETERMINES THAT I HAVE OMITTED OR IN ANY WAY MISREPRESENTED ANY FACTS, I MAY BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING EXPULSION FROM VSIMS. DISPUTES OF ANY KIND DURING THE ADMISSION PROCESS OR THE COURSE/PROGRAM ARE SUBJECT TO THE JURISDICTION OF BANGALORE COURTS ONLY. I UNDERSTAND THAT ALL COMPONENTS OF MY APPLICATION BECOME THE PROPERTY OF ME AND THAT THEY WILL NOT BE RETURNED TO ME OR DUPLICATED FOR ME. I UNDERSTAND THAT THE APPLICATION FEE IS NOT REFUNDABLE. I ALSO DECLARE THAT, TO THE BEST OF MY KNOWLEDGE, MY HEALTH ALLOWS ME TO UNDERTAKE THE PROPOSED STUDY PROGRAM.

DATE _____

PLACE _____

SIGNATURE OF CANDIDATE