

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

**APPLICATION FOR  
TWO YEAR POST-GRADUATE DIPLOMA IN MANAGEMENT  
(RECOGNISED BY ALL INDIA COUNCIL FOR TECHNICAL EDUCATION)  
(2010-2012)  
Agri-Business Management**

**A) PERSONAL QUALIFICATION (All in Capital letters)**

a) Name in Full: \_\_\_\_\_

b) Parent/Guardian's Name: \_\_\_\_\_

c) Parent's Occupation: \_\_\_\_\_

d) Correspondence Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_ Ph.No.: \_\_\_\_\_

e) Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Pin Code: \_\_\_\_\_ Ph.No.: \_\_\_\_\_

Mobile No: \_\_\_\_\_ e-mail: \_\_\_\_\_

f) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YY) g) Gender Male (\_\_\_\_) Female (\_\_\_\_)

h) Indicate the category to which you belong: (Attach a photocopy of certificate in case of reserved category)

SC \_\_\_\_\_ ST \_\_\_\_\_ OBC \_\_\_\_\_ Others \_\_\_\_\_ Ward \_\_\_\_\_

Physically/Mentally Challenged \_\_\_\_\_

**B) EDUCATIONAL QUALIFICATION (Give details from 10<sup>th</sup> standard onwards)**

Level of Exam	Name of the Exam	Board/University	Year	Max. Marks	Marks obtained	% of marks	Class/Grade
10 <sup>th</sup>							
12 <sup>th</sup>							
Graduation							
Post Graduation							
OTHERS							

**C) WORK EXPERIENCE**

Name of Organisation	Designation	Scale/Salary Drawn	Period	
			From	To

**D) 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.

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**E) DECLARATION:**

I declare that the information given by me in this application is true to the best of my knowledge. I agree to abide by the rules and regulation of the institute and hereby submit to the disciplinary jurisdiction of the authorities of the institute.

Place: \_\_\_\_\_

\_\_\_\_\_

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

Signature of the applicant

**Admit card**  
**TWO YEAR POST-GRADUATE DIPLOMA IN MANAGEMENT**  
**Agri-Business Management : 2010-2012**

<b>Roll No</b> (to be allotted by office)	
<b>Name :</b> _____	
<b>Address:</b> _____	
_____	
_____	
_____	

\_\_\_\_\_  
**Signature of the Applicant**  
(to be signed and sent along with the application form)

\_\_\_\_\_  
**Signature of the Course Coordinator**  
and official seal



**Admit card**  
**TWO YEAR POST-GRADUATE DIPLOMA IN MANAGEMENT**  
**Agri-Business Management : 2010-2012**

<b>Roll No</b> (to be allotted by office)	
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