G. KARUNAKARAN MEMORIAL
CO-OPERATIVE COLLEGE OF MANAGEMENT & TECHNOLOGY

www.gkmcmt.com

Co-operation....Democracy...Education

P.B.No.5, Kakkode, Karakulam.P.O. Thiruvananthapuram. 695 564. India
Phone: 0472-2 88 63 99 e-mail: gkmcmt@asianetindia.com

PHOTO

APPLICATION NO

Application for Admission to **MBA** Full-time Programme

PERSONAL DATA

1. Name of the Candidate

2. Age & Date of Birth

3. Sex — M F

4. Nationality

5. Maritat Status

6. Religion / Caste*

* Attach copy of caste certificate in case of SC/ST candidates

7. Name & Occupation of Father / Guardian

8. Annual Income

9. Relationship with the Candidate

10. Permanent Address

PIN

Phone

e-mail

Address for Correspondence

PIN

Phone

Mobile

ACADEMIC QUALIFICATIONS

Course	Period (year)	Name of Examination passed and Board / University	Class/ Rank	Result** Total Marks	Marks secured	% Marks secured
Matriculation School						
+2 or Equivalent School		Main /Subjects Board / Uty				
Graduation or Equivalent College		Main /Subjects Board / Uty		Part I & II Part III Aggregate	Part I & II Part III Aggregate	Part I & II Part III Aggregate
Post Graduation or Equivalent College		Main /Subjects Board / Uty				

**For B.A, B.Com and B.Sc degree examination marks for *Part I & Part II* and *Part III* are to be entered separately. For all other degrees aggregate marks can be entered. Marks obtained till date may be entered in case of candidates appearing for their final examination.

MAT / CMAT DETAILS (Attach copy of Scorecard)

ROLL NO.	MAT SCORE	YEAR & MONTH

ADDITIONAL QUALIFICATIONS,IF ANY

HOSTEL ACCOMODATION REQUIRED YES ☐ NO ☐

ADDITIONAL INFORMATION, IF ANY

DECLARATION BY THE APPLICANT

I,..here by declare that all the information provided in this application is true to the best of my knowledge and that I understand that any misrepresentation by me in this application will disqualify my candidature.

Place :

Date :

Signature :

Name:

DECLARATION BY THE GUARDIAN

I,..fully aware of the above declaration and have understood the same. I agree to all the above condition.

Place :

Date :

Signature :

Name:

FOR OFFICE USE

Admission Details

Date ______ Admission No. ______ Category ______ Fees paid Rs. ______

GUARDIAN CONTACT PHONE NO

DETAILS OF DOCUMENTS SUBMITTED

SSLC/CBSE		PLUS TWO CERTIFICATE		DEGREE CERTIFICATE	
DEGREE MARKLIST		CONDUCT CERTIFICATE		CASTE CERTIFICATE	
TC		MAT SCORE CARD		OTHER CERTIFICATE	

Downloaded application should be accompanied by DD for Rs. 500/- in favour of **"THE MEMBER SECRETARY, GKMES"** payable at Thiruvananthapuram. Duly filled application form along with copies of certificates should be sent to :- **G KARUNAKARAN MEMORIAL CO-OPERATIVE COLLEGE OF MANAGEMENT AND TECHNOLOGY,** PB. NO. 5, KAKKODE , KARAKULAM.P.O., THIRUVANANTHAPURAM - 695 564