

Gwalior

Bhubaneswar

Delhi

Goa

Nellore



INDIAN INSTITUTE OF TOURISM & TRAVEL MANAGEMENT

(An Organisation of Ministry of Tourism, Government of India)

Govindpuri, Gwalior – 474011

APPLICATION FORM

For Admission to PGDM 2014-16 Programmes

Draft no: _____ Date: _____ Amount: _____

Name of Bank: _____

(Rs. 1000 for UR/O.B.C and Rs. 500 for SC/ST/PH) - Payable to Director, IITM Gwalior)

For office use only

Registration No. _____

Please affix your recent Passport size photograph here

1. Name of the Candidate
(In Block Letters)

BASIC DETAILS OF THE CANDIDATE:

2. Father's / Husband's Name								
3. Mother's name								
4. Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>				
5. Date of Birth								
6. Correspondence Address								
7. City & State / U.T.								
8. Phone No. (with STD code)								
9. Mobile No.								
10. E-mail Address								
11. Category (UR, SC, ST, OBC,)	UR	<input type="checkbox"/>	SC	<input type="checkbox"/>	ST	<input type="checkbox"/>	OBC	<input type="checkbox"/>
12. Whether Physically Challenged	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>				

13. ACEDMIC DETAILS OF GRADUATION

Graduation's Stream	Board / University	Year of completion	Subjects	Marks Obtained	Max. Marks	Percentage

14. Want to appear for TAT: Yes or No

15. Choice of TAT Centre (Tick anyone only): Noida Gwalior Bhubaneswar Nellore Goa

16. Choice of Programme (You can choose more than one Programme):

IITM Gwalior	IITM Bhubaneswar	IITM Noida	IITM Nellore
1. PGDM- Travel and Tourism <input type="checkbox"/>	1. PGDM-Tourism & Travel <input type="checkbox"/>	1. PGDM - Tourism & Leisure <input type="checkbox"/>	1. PGDM - Tourism & Cargo <input type="checkbox"/>
2. PGDM- International Business (International Tourism) <input type="checkbox"/>	2. PGDM-International Business (Tourism & Logistics) <input type="checkbox"/>		
3. PGDM-Services <input type="checkbox"/>			

17. Declaration by the candidate:

I certify that the information given is true and I am liable for disciplinary action by the institute if any information found false / incorrect.

Date: _____

Place: _____

Applicant's Signature