

Dear Candidate:

Please send the filled-in application form along with GMAT score, two reference letters, required documents if any, and application fee of US \$100 (or equivalent amount in INR) in the form of draft/banker's cheque drawn in favour of "Indian Institute of Management Calcutta" payable in Kolkata to:

Admissions Office
Indian Institute of Management Calcutta
Diamond Harbour Road
P.O. Joka, Kolkata 700104
West Bengal, India

The application form should reach Indian Institute of Management Calcutta latest by **Friday, 7th January, 2011.**



INDIAN INSTITUTE OF MANAGEMENT CALCUTTA

POST GRADUATE DIPLOMA IN MANAGEMENT (PGDM)
AND
POST GRADUATE DIPLOMA IN COMPUTER AIDED MANAGEMENT (PGDCM)

OVERSEAS APPLICATION FORM FOR THE BATCH 2011-2013

PGDM

PGDCM

Affix a recent
passport size
photograph

Please write (1) in the appropriate box, if you have applied for only one programme. If you have applied for both the programmes, please write (1) for the programme of your first choice and (2) for the programme of your second choice.

1. Name: _____
First Middle Last

2. Permanent Address:

PIN/ZIP code:	
Landline No.:	Mobile No.:
E-mail ID:	

3. Current Mailing Address:

PIN/ZIP code:	
Landline No.:	Mobile No.:
E-mail ID:	

4. Date and place of birth:
Month: _____ Day: _____ Year: _____
Place: _____
Country: _____

5. Gender: Male Female

6. Citizenship and Permanent Residence:

Country of Citizenship: _____ Passport No. : _____
Country of Permanent Residence: _____ Country of Current Residence: _____
Duration of stay outside India (actual/planned) from 01.01.10 to 15.02.11 (in months): _____

7. Application fee (US \$ 100 or equivalent amount in INR): _____

Demand Draft/Banker's Cheque No.: _____ Date: _____ Bank: _____

8. Test Scores:

(A) GMAT (Graduate Management Admissions Test)

(The Institutional Code Number for Indian Institute of Management Calcutta is **7003**)

Test Registration Number:			
Test Date:			
Verbal Score:		Percentile:	
Quantitative Score :		Percentile:	
Analytical Writing Score:		Percentile:	
Total Score :		Percentile:	

(B) TOEFL (Test of English as a Foreign Language, if medium of instruction during study is not English)

Test Registration Number:	
Test Date:	
TWE (Test of Written English):	
Score:	
Total Score:	

9. Preferred Interview City (Please mark 1/2/3/4 in order of preference):

BANGALORE

KOLKATA

MUMBAI

NEW DELHI

10. Academic Training:

A. Secondary School (for example, high school, senior secondary school, etc)

Name of Institute with Full Address	From (Date)	To (Date)	GPA / Percentage	Rank	Certificate Received

B. Collegiate/University Education

Give names of universities and colleges you have attended listing the most recent institution first. Please enclose attested transcripts of all the degrees mentioned

Name of Institute with Full Address	Major	Minor	Dates		Degree	GPA/ Percentage	Rank
			From	To			

11. Work Experience:

Please provide Chronological details of your work experience in the Table given in the following page. Kindly note that you will be required to submit a certificate of employment from your last employer in case you are granted admission.

Chronological details of Work Experience:

Name of Organization with Full Address	Starting Date	End Date	Duration	Designation/ Responsibility

Aggregated Work Experience as on December 31, 2010: _____ (in months).

12. References:

Two letters of reference in the formats given in pages (ix)-(x) and (xi)-(xii) should be sent to the Institute by the application deadline, if the application is to be considered. Please list below the name and complete contact information of each person to whom you have given a reference form. Each should be well acquainted with your intellectual abilities, academic performance, and personal character.

I.

Name:	
Address:	
PIN/ZIP code:	
Landline No.:	Mobile No.:
E-mail ID:	

II.

Name:	
Address:	
PIN/ZIP code:	
Landline No.:	Mobile No.:
E-mail ID:	



Statement of Purpose

Note: This form should be returned by the applicant with all other application material.

Name of applicant: _____

Applicant's Full Signature: _____

Date: _____



Letter of Recommendation

Note: This form should be returned by the applicant with all other application material. The letter has to be sealed by the referee before it is handed over to the applicant.

This section to be completed by the applicant

Name of applicant: _____

Applicant's Signature: _____

This section to be completed by the referee

Based on your experience, how does the applicant compare in the following areas with his peers?

	Truly Exceptional Top 2%	Excellent Top 10%	Very Good Top 25%	Good Middle 50%	Below Average Lower 25%	Unable to Judge
Initiative						
Flexibility						
Maturity compared to peers						
Oral communication skills						
Written communication skills						
Ability to work with others						
Ability to accept constructive feedback and learn from it						
Ability to understand others' viewpoints						
Project management skills						
Self-confidence						
Leadership						

How long have you known the applicant and in what capacity?

Name: _____

Address: _____

Title: _____ Affiliation: _____

Signature: _____

Please fill out the following information and/or write a letter of recommendation.

Please describe the particular talents, strengths, and weaknesses of the applicant. If you have worked with the applicant on any sort of special project, please give an evaluation of his or her performance. Please indicate any favorable or unfavorable indications of individual (or team) research potential and the ability of the applicant to do work independently. Please include any additional information that you believe is relevant.



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