

MANAGEMENT EDUCATION & RESEARCH INSTITUTE

53-54, INSTITUTIONAL AREA, (OPP. D-BLOCK), JANAK PURI, NEW DELHI-110058

Approved by AICTE, Ministry of HRD, Govt. of India & Affiliated to GGS Indraprastha University)

An ISO 9001:2008 Certified Institution Application Form

(PLEASE FILL THE FORM IN BLOCK LETTERS)

1. COURSE DETAILS:

Course Title: _____

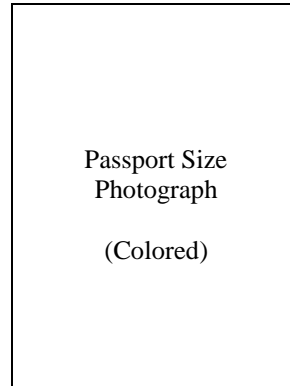
Proposed date of start: _____

Proposed level of entry : Year 1 Year 2

Semester I II III IV V

Category Indian Exchange Overseas

Sponsoring Institute : _____



2. PERSONAL DETAILS:

Title: Mr/Ms/Miss/Mrs.etc. Gender : Male Female

DATE OF BIRTH (in Christian era)

Day Month Year

First Name : _____

Maiden or any other name that you have been known by : _____

Surname / Family name : _____

Permanent Address : _____

_____ Post Code: _____

Correspondence Address: (If different) _____

_____ Post Code: _____

Telephone no: _____ Mobile no. _____

E-mail address: _____

Nationality: _____

Do you hold valid passport: Yes No

If yes, Passport no. _____

3. ACADEMIC AND PROFESSIONAL QUALIFICATIONS:

Applicant should list all subjects taken ,whatever is the result, in reverse chronological order i.e. last first. Continue on the separate sheet if necessary

Qualification eg Secondary, sr. secondary, Degree, Post graduate, Masters etc.	Subjects	Year – From ... to year	Place of study	Result (grade or band)
Secondary School				
Sr. Secondary/ Bac				
BAC +3				
M 1				
M 2				
Any Other				

Please attach a separate sheet for subjects studied at BAC + 3, M1 and M2

If you are overseas student please include your IELTS/ TOFEL results below:

IELTS overall band score TOFEL SCORE

The institute also accept other approved qualifications equivalent to the IELTS and TOFEL test scores .

4. EMPLOYMENT AND WORK EXPERIENCE :

Please give details of work experience, training and employment in reverse chronological order:

Nature of work / Training	Name of Organization	Full time or part time	From (Month and year)	To (Month and Year)

5. CRIMINAL / CONVICTIONS:

The Institute has a duty to ensure safety and security of its students and staff. Please tick box whichever statement applies to you:

I have no criminal record	
I have a criminal case pending in the court	
I have a relevant criminal conviction that is not spent	

6. REFEREE(S)

Name and Address of Referee(s)

1. Academic

2. Industrial / other

Name	Name
Address	Address
Post Code:	Post Code:
Telephone Fax:	Telephone Fax:
E-mail:	E-mail:

8. Person to be contacted in case of emergency:

Name : _____

Tel. No. _____ E mail: _____

Declaration:

I confirm that the information given above is true to the best of my knowledge and belief and that none of the information requested or other material information has been omitted. I accept that if it is discovered that I have supplied false, inaccurate or misleading information MERI reserves the right to cancel my application, withdraw its offer of a place or terminate attendance at the institute . I shall have no claim against MERI in relation thereto.

Applicants Name:

Applicants Signature :

Date:

FOR OFFICE USE ONLY

Recommendation of the forwarding college/ University :

GD/ Interview held on _____

Recommendation of Interview Board

(a) Admit to _____ Programme.

(b) Waiting list _____

(c) Rejected _____

Date _____

Signature of Authorized Signatory