

INDIAN INSTITUTE OF MANAGEMENT LUCKNOW

PO	OST APPLI	ED FOR:	 	
AΓ	OVERTISEME	ENT NO	 	
NAME				PASTE YO

01	NAME		PASTE YOUR
02	FATHER'S / HUSBAND'S NAME		RECENT PASSPORT
03	CONTACT NO.		SIZE PHOTOGRAPH
04	ALTERNATE CONTACT NO.		
04	EMAIL ID		
05	ALTERNATE EMAIL ID		
05	ADDRESS FOR COMMUNICATION		
06	DATE OF BIRTH & AGE (YEARS/MONTHS)	DoB: & Age: years & months	
07	CATEGORY (SC / ST / OBC / PWD / UR)		
08	NATIONALITY		

09. EDUCATIONAL QUALIFICATIONS:

	*Name of the Examination Passed	Mode of Study i.e. Regular (full-time) / Private / Distance / Part-time etc.	Year of	Division & of Marks	Name of the Board / University	Subjects / Specialization
10 th						
12 th						
Gradua -tion						
Post- gradua -tion						
Others						
Others						

^{*}Mention name of degree/certificate/course

10. TOTAL EXI	PERIENCE:	YEA	AR (S)			MO	NTH (S)	
Work Experience in c	hronological o	rder, si	tarting wi	th the first j	ob			
	Post He			Period of se				
Name of Organizati with Address	on Pay Sc Montl consolic emolum	hly dated	From	То	Experie (years months	/	responsibil	work & level of ities in not more 100 words
Attach separate sheet	t, if required.		•	•	•			
11. ANY OTHER	RELEVANT	INFO	RNMATI	ON:				
DECLARATION								
I hereby declare that the information furnished above is true to the best of my knowledge and belief. If at any time it is found that I have concealed any information or have given any incorrect data, my candidature / appointment, may be cancelled / terminated, without any notice or compensation.								
DATE :			SIGNA	ATURE:				
			NAMI	E:				