SRI SUKHMANI INSTITUTE OF MANAGEMENT, NEW DELHI

Approved by AICTE, Ministry of Education, Government of India

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Admission help line No.:- +91-8375070341, +91-8527276184, website: ssimdwarka.com
Email: ssimgt@gmail.com

Form No.:		olication Form 2024-25	Affix with gum your latest Passport size		
Fill	ase read the application form care the form in Capital Letters. ached the required documents	fully before filling it.	Photograph duly ATTESTED		
NAME (MR./MS.)					
-mail Id					
adhaar Card No.		Mobile No			
ATHER'S NAME					
ather's Profession	a & Address		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Organization Name	e & Address				
esignation		Mobile No			
NOTHER'S NAME					
rganization Name	& Address				
Designation		Mobile No			
Date of Birth(DD/	MM/YYYY)	Religion :	-		
Marital Status :	Married Sing	gle Category(SC/ST/OBC/Genral):		
iex	Male Female	Nationality:			
manent Address		Present Address			
mantent Addi ess		resent Address			
	Pin Code	P	Pin Code		
V State			City State		

Academic Details:

Name of Examination	Board/University	Year of Passing	Percentage /Grade	Specialization /Stream		
High School						
Intermediate						
Graduation						
Any other qualification						
Entrance Examination Details CAT MAT C-MAT OTHERS (XAT/ATMA/SNAP)						
Reg./Roll No. Score Percentile						
Professional Experience(if Any)						
Name of the Company	Designation	Period From-To	Exp. in Year(s)	Responsibilities		
Where did you come to know about the Institute and the program : (Name)						
I confirm that to the best of my knowledge the information contained in this application form is true and accurate. I have gone through the contents of the Prospectus and agree to all the conditions stipulated therein and if admitted, will also abide by the rules and regulations SSIM as may be in force from time to time.						
Date:						
For Office Use Only						
Form No * Registration No						
Name Checked By						
Signature						