



**Application form for admission to
Post Graduate Diploma in Management (PGDM)**
www.northeastias.org; E-mail:contact@northeastias.org

Please complete this form and return it to:

Admissions – North East IAS, HOUSE NO-16, S N GOHAIN LANE, S K BHUYAN ROAD, DIGHALIPUKHURI (EAST),
IN FRONT OF INDIAN EXPRESS OFFICE, GUWAHATI-781001, Assam, Email: contact@northeastias.org,

PHONE: +91-7002032590, +91-9476948182

- All sections of this form must be completed in full. Failure to do so will result rejection of your application. Please TYPE all your details in this form where possible.

Section 1 – Applicant details

Course Applied for:

Post-Graduate Diploma in Sales and Marketing (PGDSM)

Post-Graduate Diploma in Retail Management (PGDRM)

Post-Graduate Diploma in Business Communication (PGDBC)

Personal details

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Other (please specify)	
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First name		Middle name(s)	
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Family name	
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Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
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Date of birth	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">D</td><td style="text-align: center;">D</td><td style="text-align: center;">/</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td><td style="text-align: center;">/</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 10px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y										
D	D	/	M	M	/	Y	Y	Y	Y												

Your qualifications Please give the qualifications you wish to appear on your records (e.g. BA, BSc)	
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Address details

Which address you would like correspondence from the Institute and Faculty of Actuaries to be sent to?	Home <input type="checkbox"/>	Office <input type="checkbox"/>
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Current residential address

Address					
Postal city/town		Postcode			
District					
Telephone number	Code		Area/City		Number

			code			
Mobile number	Code		Area/City code		Number	
Personal email address (please print very clearly)						

Section 2 – Education and qualifications

Please give your full education history with the qualifications awarded. **You must provide proof of all qualifications with your application.** To do so you must provide **certified copies** of education certificates for all examinations detailed below.

University education				
Level	Honours Degree <input type="checkbox"/>		Ordinary Degree <input type="checkbox"/>	
Grade	1 st <input type="checkbox"/>	2.1 <input type="checkbox"/>	2.2 <input type="checkbox"/>	3 rd <input type="checkbox"/>
University attended				
Subject studied				
Date of graduation				

Level	Others	Masters <input type="checkbox"/>	Postgraduate diploma <input type="checkbox"/>
University attended			
Subject studied			
Date of graduation			

Other professional qualifications	
Please give details of any other professional qualifications that you have gained	
Professional association	
Qualification gained	
Date of graduation	

I certify that the information, provided are correct and complete to best of my knowledge.

Signature		Date	
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