



# CENTRE FOR MANAGEMENT TECHNOLOGY

Plot No. 25, 27 & 28, Knowledge Park-I, Greater Noida, U.P. 201 308  
 Tel. No: 0120-2326210, Fax: 0120-2320503, Mob No. 07838056660-65  
 Email: [info@cmat.co.in](mailto:info@cmat.co.in), [admissions@cmat.co.in](mailto:admissions@cmat.co.in)  
 Website: [www.cmat.co.in](http://www.cmat.co.in)

## APPLICATION FORM

### Instruction for filling form:

- I Please fill out the application form in capital letters.
- II The form should be complete in all respects. Incomplete forms will not be accepted.
- III Please do not enclose any original testimonials along with the form. You will be required to produce original certificates at the time of interview.
- IV Please mail the filled out application form in the envelope provided.

Passport size  
photograph

Please check (✓) the appropriate box:

CENTRE FOR MANAGEMENT TECHNOLOGY  C-MAT BUSINESS SCHOOL

### Please indicate your preferred course:

PG COURSE: PGDM  MBA  MCA

UG COURSE: BBA  BCA

### Personal Details of the Candidate:

Name: \_\_\_\_\_ Gender  M  F

Date of Birth 

D	D	M	M	Y	E	A	R
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 Category GEN/SC/ST/OBC \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City - \_\_\_\_\_ Pin - \_\_\_\_\_ State - \_\_\_\_\_

Nationality \_\_\_\_\_ Domicile State \_\_\_\_\_

### Family Details

Relationship	Name	Education Qualification	Occupation
Father			
<b>Contact No.: Mobile .....</b> <b>Land Line .....</b>			
Mother			
Brother (s)			
Sister (s)			

### Academic Record

EXAMINATION	INSTITUTE/UNIVERSITY	YEAR OF PASSING	MAIN SUBJECTS	CGPA/%AGE
Xth				
XIIth				
Graduation				
Post Graduation				
Any other				

ENTRANCE TEST	ENROLLMENT NO.	%ile SCORE
MAT(May/Sep./Dec./Feb.)		
CAT		
XAT		
SNAP		
Other Qualifying Examination		

**Annual Income:**

Below 1.5 Lacs  1.5 Lacs to 3 Lacs  3 Lacs to 6 Lacs  6 Lacs & Above

**Will you be requiring HOSTEL ACCOMODATION:**  YES  NO

**Do you have a valid PASSPORT:**  YES  NO **If yes then No.** \_\_\_\_\_ **Validity** \_\_\_\_\_

**Where did you learnt about C-MAT:**

NEWS PAPER  MAGAZINE  FRIENDS  COACHING CLASS   
 TEACHER  FAIR  RELATIVES  ADMISSION CONSULTANT

**Self Profile and achievements (if any):** \_\_\_\_\_

**Why do you want to join C-MAT:** \_\_\_\_\_

**Two References:**

1. Name \_\_\_\_\_ Occupation/Designation \_\_\_\_\_  
 2. Name \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

**Mode of Payment for fee to avail Personal Interaction Program (Non-Refundable):**

Cash  Demand Draft

**Amount. (in words)** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_ (in case of cash payment)

**Demand Draft No.** \_\_\_\_\_ **dated** \_\_\_ / \_\_\_ / \_\_\_ **drawn on** \_\_\_\_\_

I hereby declare that the information provided by me is truthful to the best of my knowledge & belief. I will abide by the rules and regulations of the Institute, if admitted.

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Please ensure that all the following (as applicable) are enclosed with your filled out Application Form:**

S.S.C./Equivalent  Intermediate/Equivalent  Graduation   
 3 Passport Size Color Photograph  Entrance Test Score Card

**FOR OFFICE USE ONLY**

**Date of Personal Interaction Program** \_\_\_\_\_ **P.I.P done by** \_\_\_\_\_

**Result** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

**AUTHORIZED SIGNATORY**