

Professional Experience (No. of years, if any) :

Nature of work done :

Name of the Organisation :

DECLARATION

I hereby declare that the information supplied above is true and complete to the best of my knowledge and belief and my admission may be cancelled at any state if it is found to be incorrect. I also undertake to abide by all the rules and regulations of the Institute enforced from time to time.

Date

Place

(Signature of the Applicant)

NOTE : Attach attested photocopies of all the marksheets, certificates and testimonials in support of above entries.

SCHOOL OF MANAGEMENT SCIENCES

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