

## KMM COLLEGE OF MANAGEMENT & TECHNOLOGY (KCMT)

# (An ISO 9001: 2008 Certified Institution) (Approved by AICTE, Govt. of Kerala & Affiliated to M.G.University)

Edappally Toll Gate, Pipeline Junction, Thrikkakara P.O, Cochin - 21
Phone: 0484 - 6002141, 6002143, 2575667, 9446097707, Fax: 0484-2577667
Website: www.kmmcollege.com, E-mail: kcmtcochin@gmail.com

### INSTRUCTIONS FOR FILLING THE APPLICATION FORM

Note: (Please read the academic hand book carefully before filling up the application form. Please do not send back the instruction sheet or academic hand book with the filled application)

- 1. Name of the Applicant: Write your name in CAPITAL letters as given in the records of the Secondary School
- 2. Name of Parent/Guardian: Please give the name of father or mother. Guardian's name to be given only if parents are not alive. Please also write income of your parent/guardian.
- 3. Address: Complete postal address with name of District and Pin code to be given.
- 4. Date of Birth: Write in the order of Date, Month and Year. e.g. If you were born on 9th April, 1986 write 09-04-1986.
- 5. Details of amount remitted towards the cost of application form; Attach original receipt obtained for payment of cost of application form.
- 6. Photograph: Affix your recent passport size photo attested by signing over it by a Gazzetted Officer or head of the Institution last attended or presently studying. The name and address of the attesting officer should be given in the space provided. Also bring two additional copies of photograph.
- 7. Marks secured in qualifying examinations: The enclosed form for mark sheet in respect of candidates who have only appeared at the time of submission of application should be produced within 15 days of publication of results. Others should send the mark sheet along with the application itself.
- 8. Attach two self addressed envelops of 10cm x 22cm size with postage stamp for Rs.5/-each. Also attach a self addressed Post Card for acknowledgment.
- Completed application should be sent to The Director, KMM College Of Management & Technology, Pipeline Junction, Thrikkakara P.O, Ernakulam - 682021. Candidates are advised to send their application by Registered Post with acknowledgment due.
- 10. Wrongly addressed applications will be rejected.

Applications found incomplete and defective with respect to any of the items mentioned above will not be entertained.



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### **APPLICATION FOR ADMISSION TO MBA/MCA - 20**

|  |                          |                    |      | Note:         | Fill c         | ne ch          | nara  | cter  | in a l         | oox. | Mark          | to a           | nswe    | er a qu | ery.              |
|--|--------------------------|--------------------|------|---------------|----------------|----------------|-------|-------|----------------|------|---------------|----------------|---------|---------|-------------------|
| Application number   |                          | Register No. (MAT) |      |               |                |                |       |       |                |      |               |                |         |         |                   |
|  |                          | FORM               | FOR  | MARK          | SHEE           | <u>TS</u>      |       |       |                |      |               |                |         |         |                   |
| Please fill the marks obtained for<br>results have not been published<br>Attested copies of all the mark lis | at the time of a         | application        |      |               |                |                |       |       |                |      |               |                |         |         | ose               |
| 1. Name of candidate (In block I   | etters)                  |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| 2. Name of the qualifying examination passed   |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| 1. Name of the course applied fo   |                          |                    |      |               |                |                |       |       |                | or   | 1             |                |         |         |                   |
|  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| A.Details of Admission Test  | (MAT/ASMIK               | (-MAT)             |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| Name of the Test   | the Test Date of Test Re |                    |      | egister N     | M              | Marks obtained |       |       |                |      | Rank (If Any) |                |         |         |                   |
|  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| B.Details of Graduation a) Annual Stream Name of the examination:  |                          |                    | Univ | ersity:       |                |                |       |       |                |      |               |                |         |         |                   |
| subjects   |                          |                    |      | Regis<br>Year |                |                | l     |       | Mark<br>otain  |      |               | /lax.<br>larks |         |         | entage of<br>arks |
| Part -I  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| Part - II  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| Part - III (Optional/Main)   |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
|  |                          |                    |      |               |                |                |       |       |                | Ц    | L             |                | Ц       |         |                   |
| Part - IIITotal  |                          |                    |      |               |                |                | 4     | L     |                | Ц    |               |                | 4       |         |                   |
|  |                          |                    |      |               |                |                | Ц     |       |                |      |               |                | 4       |         |                   |
| Grand Total  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| C.Semester System  Name of the examination   | n Ur                     | niversity/Be       | oard |               | ster N<br>Of P | No.&<br>assin  | g     |       | Mark<br>otaine |      |               | Max.<br>taine  | d       |         | centage c<br>arks |
|  |                          |                    |      |               |                |                |       |       |                |      |               |                |         |         |                   |
| I hereby solemnly and sincerely affirm   | that the stateme         | nts and info       |      | ARATIO        |                | and i          | n the | enclo | sure e         | suhm | itted h       | v me s         | are tru | e Lalso | solemnly          |

affirm that I have read the academic hand book and I am agreeing to the conditions stated therein. If any of the information furnished therein is later found to be untrue in material particulars or in any other manner, I am aware that I am liable to criminal prosecution and I also agree to forgo my seat in such a case.

Signature of Parent/Guardian

Place:

Signature of the applicant: Date:



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### **APPLICATION FOR ADMISSION TO MBA/MCA - 20**

| Application number  | Note: Fill one character in a box. Mark to answer a query.  Register No. (MAT) |                     |             |         |      |      |   |       |                   |   |     |  |  |
|---|--|---------------------|-------------|---------|------|------|---|-------|-------------------|---|-----|--|--|
| Note: Please read the intructions careful filling the application form. No column sh blank. Application with insufficent details rejected.  | e  | Please a passport s |             |         |      |      |   |       |                   |   | ted |  |  |
|   |  |                     |             |         |      |      |   |       | by                | а |     |  |  |
| Name of the course applied for  | MBA  |                     | MCA         |         |      |      |   |       | Gazzetted Officer |   |     |  |  |
| 1. (a) Name of cadidate (in block lett  | ers)   |                     |             |         |      |      |   |       |                   |   |     |  |  |
|   |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| (b) Address to which communications are to be sent  |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| i) Door No./House Name  |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| ii) Area/Street/Road  |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| iii) Post office  |  |                     |             |         |      |      | _ |       | П                 |   |     |  |  |
| iv) District & State  |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| v) Phone No. with area code   |  |                     |             |         |      |      | Т |       |                   |   |     |  |  |
| vi) Mobile No.  |  |                     |             |         |      |      |   |       |                   |   |     |  |  |
| DIN   |  |                     |             |         |      |      | _ |       |                   |   |     |  |  |
| PIN   | E-ma   | ail                 |             |         |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can  |  |                     | t from abov | ⁄e      |      |      |   |       |                   |   |     |  |  |
|   |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can  |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can  |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road   |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road iii) Post office  |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road iii) Post office iv) District & State   |  |                     | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road iii) Post office iv) District & State v) Phone No. with area code   |  | ifferen             | t from abov | /e      |      |      |   |       |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road iii) Post office iv) District & State v) Phone No. with area code vi) Mobile No.  | edidate if d   | ifferen             | t from abov | (e) Ger | nder | Male | F | emale |                   |   |     |  |  |
| (c) Permanent address of the can (i) Door No./House Name ii) Area/Street/Road iii) Post office iv) District & State v) Phone No. with area code vi) Mobile No. PIN                                      | edidate if d   | ifferen             | t from abov |         |      | Male | F | emale |                   |   |     |  |  |
| (c) Permanent address of the can  (i) Door No./House Name  ii) Area/Street/Road  iii) Post office  iv) District & State  v) Phone No. with area code  vi) Mobile No.  PIN  (d) Nationality Indian Other | edidate if d   | ifferen             | t from abov | (e) Ger |      | Male | F | emale |                   |   |     |  |  |
| (c) Permanent address of the can  (i) Door No./House Name  ii) Area/Street/Road  iii) Post office  iv) District & State  v) Phone No. with area code  vi) Mobile No.  PIN  (d) Nationality Indian Other | edidate if d   | ifferen             | t from abov | (e) Ger |      |      | F | emale |                   |   |     |  |  |
| (c) Permanent address of the can  (i) Door No./House Name  ii) Area/Street/Road  iii) Post office  iv) District & State  v) Phone No. with area code  vi) Mobile No.  PIN  (d) Nationality Indian Other | edidate if d   | ifferen             | t from abov | (e) Ger | ste  |      | F | emale |                   |   |     |  |  |

| 3. Details of extra curricular activities<br>Sports / Fine Arts etc.   | 4. Achievements attained |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|--|--------------------------|---|-------|-------|-------|-------|----------|------|--------|----------|-------|------|--------|-------|--------|-------|
| Sports / I me Arts etc.  |                          |   |       |       |       | _     |          | _    |        | -        | _     |      | _      |       |        |       |
|  |                          | 5. Details of scholarships / award obtained |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| O (A) Name of Bound (Onco Page   |                          |   |       |       |       |       | -        |      |        |          |       |      |        | -     |        |       |
| 6. (a) Name of Parent/Guardian   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (b) Address of Parent/Guardian   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  |                          |   |       |       |       |       |          |      |        |          |       |      | _      | Щ     |        |       |
|  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| Contact No. (Tel/Mob)  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| e-mail address if any  |                          |   |       | -     |       |       |          |      |        |          |       |      |        |       |        |       |
| e-man address in any   |                          | $\perp$                                     |       |       | Щ     | Щ     |          | 4    |        |          |       |      |        | 4     |        |       |
| (c) Occupation of Parent/Guardian  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (d) Annual income of Parent/Guardian   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| 7. Are you native of Kerala Ye   | es No                    |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| 8. (a)Name of qualifying examination (BA / B.Sc / B.Com / B.Tech etc)  |                          |   |       |       |       |       |          |      |        |          |       | Ap   | pea    | red / | Pas    | sed   |
| (b)Name of University or Board   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (c)Register No./ Month/ Year   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (d)Name of the studied Institution   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (e) Number of chances availed for the  | qualifying               | g exami                                     | inati | on    |       |       | Т        | T    |        |          |       |      |        |       |        |       |
| 9. Are you employed? Specify Details   |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| <ul><li>10. Any other feature for special consider</li><li>11. Reservation Particulars</li></ul>   |                          |   |       | Yes   |       | No    | <b>5</b> |      |        |          |       |      |        |       |        |       |
| Are you eligible for reservation under   | anv cated                | orv (Ye                                     | es/No | o)    |       |       | П        |      |        |          |       |      |        |       |        |       |
| If Yes, Specify Community/Category:  | , , , ,                  |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| (Management Quota/SEBC/SC/ST/any   | Other(Sp                 | ecify):                                     |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  | a) Rec                   | eipt No                                     | & Da  | te (I | f pai | d in  | casl     | h):  |        |          |       | )    |        |       |        |       |
| 12. Details of Application Fee remitted:   | Particul                 |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
|  |                          | Of the E                                    |       |       |       |       |          |      |        |          |       |      |        |       |        |       |
| Please enclose copies of relevant certificates and of  | documents d              | uly listing                                 | them  | belov | V.    |       |          |      |        |          |       |      |        |       |        |       |
| Attested copies of . Certificate of Qualifying Exam  |                          |   |       |       |       |       | lark s   |      |        | 2        |       |      |        |       |        |       |
| . Certificate for the proof of Da<br>. Copy of the Score Card for a<br>. Other (please specify)  |                          | T/ASMIK-                                    | MAT   | est   |       | . 0   | ourse    | cert | mca(   | <b>5</b> |       |      |        |       |        |       |
| I hearphy colombly and sincerely offirm that the states  | nonto and infe           | DECLA                                       |       | _     | 01/0  | nd in | the e    | odco | ıro oz | hmitt    | od by | me e | o trus | Lolo  | o ools | omobi |
| I heareby solemnly and sincerely affirm that the statements and information furnished above and in the enclosure submitted by me are true. I also solemnly affirm that I have read the academic hand book and I am agreeable to the conditions stated therein. If any of the information furnished therein is later found to be untrue in material particulars or in any other manner, I am aware that I am liable to criminal prosecution and I also agree to forgo my seat in such a case. |                          |   |       |       |       |       |          |      |        |          |       |      |        |       |        |       |

For office use

Signature of the applicant :

Signature of Parent/Guardian Place:

Date: