

GLOBAL INSTITUTE OF MANAGEMENT & TECHNOLOGY

[Please Cross (x) one only] Certificate Programme (Specify the Programme) Diploma Programme (Specify the Programme)

Bachelor Degree Programme (Specify the Programme) Master Degree Programme (Specify the Programme)

Name of Student : Mr. / Ms.

Father's Name : Image Field

Mother's Name :

Sex : Male Female Date of Birth Day Month Year

Mailing Address

City : State Pin

Tel.(With Code) Mobile :

ACADEMIC RECORD

Examination Level	Qualification	Board / University / Institute	Medium of Instruction	Marks (%) / Grade	Year of Passing
XII Class	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bachelor's degree	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. EDUCATIONAL INSTITUTION YOU ARE CURRENTLY ATTENDING (If Applicable)

Name of the Institution	University / Institute	Programme of Study	Likely date of completion of the Programme
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>