



GLOBAL SCHOOL OF MANAGEMENT

A UNIT OF KALYANI SWAMIJEE WELFARE MISSION (Govt. Regd.)



AN ISO 9001:2000 CERTIFIED HOTEL MANAGEMENT INSTITUTE

ADMISSION FORM

Affix Colour
Passport Size
Photograph

Sr. No.-

Regn. No.- GSM / 38232 /

(To be filled by the applicant in his/her own handwriting with Blue/Black Ball Pen in block letters. Incomplete or illegible form will be rejected.)

Course Applied for : _____

Applicant's Name

Father's Name

Permanent Address

 PIN

Telephone No. (R) (M)

Name of the Guardian
(in case Father is not the Guardian)

Guardian's relationship with the applicant

Guardian's Telephone No. (R) (M)

Present Address

 PIN

Telephone No. (R) (M)

Email ID

Date of Birth
D D M M Y Y Y Y

Sex Male Female

Religion

Caste General SC ST OBC Others

Academic Qualification

Examination	Board / University	Year of Passing	Total Marks obtained	% of Marks obtained	Division / Grade
Matriculation (10th)					
H.S. (10+2)					
B.Sc./B.Com./B.A.					
Others					

Professional Qualification (if any)

Experience (if any)

I hereby declare that the details furnished above are true, complete and correct to the best of my knowledge. The institute has full right to cancel my application or enrolment if any information is found incorrect or incomplete. I also accept liability for payment of all fees and understand that any fee once paid to GSM during the admission or afterwards, will not be refunded under any circumstances, except when the course is cancelled by GSM Management.

Place :

Date :

Signature of Applicant

TO BE FILLED IN BY PARENT / GUARDIAN

I Mr./Ms. Parent / guardian of hereby declare that the above particulars furnished by my son / daughter are true to the best of my knowledge and belief and I have no objection in him / her seeking admission. I also agree to abide by the rules of the GSM in this regard.

Place :

Date :

Signature of Parent / Guardian