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**ASIA PACIFIC HOUSE** Vidhyavihar Colony, Opp. Fortune Landmark Hotel, Ashram Road,  
Usmanpura, Ahmedabad-380 013. Phone : +91-79-27556140, 27556141  
Fax : +91-79-27552898 E-mail : info@apimindia.net Website : www.apimindia.net

**For Official Use**  
Application No: \_\_\_\_\_  
Enrollment No: \_\_\_\_\_

**ADMISSION APPLICATION FORM (INTERNET COPY)**  
(For the Academic Year 20\_\_ - 20\_\_ )  
(Today's Date: \_\_\_ / \_\_\_ / 20\_\_ )

1. Preferred Campus for study : City Campus  Off City Campus
2. Course Name: \_\_\_\_\_
3. Student Name : \_\_\_\_\_
4. Date of Birth : (DD/MM/YY) \_\_\_\_\_ 5. Sex – Male / Female: \_\_\_\_\_
6. Category : Gen.  S.C.  S.T.  O.B.C.  Other please Specify \_\_\_\_\_
7. Name of Father / Guardian : \_\_\_\_\_
8. Occupation of Father / Guardian : \_\_\_\_\_
9. Nationality: \_\_\_\_\_ Are you an N.R.I.: Yes / No If Yes, Country of domicile \_\_\_\_\_

10. Permanent Address:	Correspondence Address :
Address	Address
City	City
State	State
Country	Country
PIN / ZIP	PIN / ZIP
Phone	Phone
Fax	Fax
Email ID	Email ID

11.

Education	Name of Board / University	Subject (s) [please circle]	Percentage / Grade	Year of Passing
10 th		With English / Without English		
10+2		Arts / Commers / Science		
Other				

12. Hostel facilities required : Yes  No

\_\_\_\_\_  
Signature of Applicant

13. Special Achievements (if any) \_\_\_\_\_

14. Extra Curricular activities / hobbies \_\_\_\_\_

15. Why do you want to Join APIM ? \_\_\_\_\_

16. Where did you come to know about us ?  News Paper - Name \_\_\_\_\_,  Internet,  
 Printed Articles / Magezines Name \_\_\_\_\_,  Tel. - Channel Name \_\_\_\_\_,  Friends / Relatives,  
 APIMate - Name \_\_\_\_\_  Radio - Station Name \_\_\_\_\_,  Others \_\_\_\_\_

17. **DECLARATION**

I. I Mr. / Mrs. \_\_\_\_\_

S/O D/O \_\_\_\_\_

Agree to abide by the rules and regulations of APIM in force and amended/alterd from time to time.

II. I assure that I will not indulge in any activity that would tarnish the image of the Institution.

III. I am aware that the management of APIM has every right to suspend / dismiss me from the institute or even debar in case I breach the code of conduct.

IV. I am aware that the Fee/Deposit once paid will not be refunded under any circumstances.

V. I am aware that my admission is subject to the approval of APIM

VI. All information provided above are true and verifiable to my knowledge.

\_\_\_\_\_  
**Signature of Candidate**

18. **PAYMENT DETAILS**

Make the payment of Rs.500/- in favor of "Asia Pacific Institute of Management" payable at Ahmedabad.

DD  / PO  / Local cheque of Ahmedabad  (Please Tick the mode of payment)

Date: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

19. **ATTESTATION BY THE PARENT / GUARDIAN**

I hereby certify that the declaration made above has been duly signed by my ward in my presence.

Name : \_\_\_\_\_ Relation : \_\_\_\_\_

Place: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent / Guardian**

20. **DOCUMENT CHECKLIST:**

- **EXAM APPEAR RECEIPT OR MARK SHEET OR CERTIFICATE (ATTESTED COPY)**

/ 10<sup>TH</sup> standard for Certif. / Diploma Course **OR**

/ 12<sup>th</sup> standard / (10+2) for Degree Course **OR**

/ Final yr. Graduation for Master Courses.

- **PASSPORT SIZE COLOR PHOTO (AFFIXED AT 3 PLACES IN THIS APPLICATION FORM)**

- **Rs.500/- DD / P.O / CHEQUE OF AHMEDABAD.**

**Enclosed**

**Enclosed**

**Enclosed**



**Asia Pacific**  
Institute of Management  
Ahmedabad

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**JOINT ENTRANCE TEST (JET)**

Full Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Sex : (Male / Female) \_\_\_\_\_

**FOR OFFICIAL USE ONLY:  
Exam Hall Ticket**

Application No : \_\_\_\_\_ Centre : \_\_\_\_\_ Date Application Received : \_\_\_\_\_

Date & Time of Exam: \_\_\_\_\_ Venue: \_\_\_\_\_

Authorization Stamp & Sign:



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Full Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Sex : (Male / Female) \_\_\_\_\_

**FOR OFFICIAL USE ONLY:  
Exam Hall Ticket (Candidate's Copy)  
Exam Hall Ticket**

Application No : \_\_\_\_\_ Centre : \_\_\_\_\_ Date Application Received : \_\_\_\_\_

Date & Time of Exam: \_\_\_\_\_ Venue: \_\_\_\_\_

Authorization Stamp & Sign:

**[Note: Please come with this Hall Ticket, Dark Pencil, Eraser & any Government issued ID]**

**Acknowledgement:** Received the Application No. \_\_\_\_\_ & Payment of Rs. 500/- From  
Mr./Ms. \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_ Course.

**Required Entrance Exam** - You will be intimated 10 Days before your Exam proposed Month of May/June.

**Do not require Entrance Exam** - . You are required to gain an admission by \_\_\_\_/\_\_\_\_/20\_\_\_\_.

With Original documents & Fee. \_\_\_\_\_

Authorization Stamp & Sign: