

# Application Form 2012



OXFORD  
BROOKES  
UNIVERSITY

## PROGRAMME PREFERENCE

### School of Hospitality & Tourism Management Under Graduate Programme

B.Sc. (Hons.) in Hotel and Restaurant Management (OBU)

### Post Graduate Programme

Post Graduate Diploma in Management (PGDM) in International Hospitality and Tourism (OBU)

### School of Management & Entrepreneurship Under Graduate Programme

BBA (Hons.) - 3 Year Programme (OBU)

BBA (Hons.) - 4 Year Programme (OBU)

### Post Graduate Programme

Post Graduate Diploma in Management (PGDM)

Post Graduate Program in Management (PGPM) + MBA (UGC Recognised)

\*Please Fill the form in CAPITAL letters.

\*All FIELDS are MANDATORY

## APPLICANT DETAILS

Passport Size  
Photograph

Mr.     Ms.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Domicile \_\_\_\_\_

Correspondence Address \_\_\_\_\_

City \_\_\_\_\_ Tel. (Mobile) \_\_\_\_\_

Pin \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ Tel. (home) \_\_\_\_\_

Country \_\_\_\_\_ Blood Group \_\_\_\_\_

## OTHER INFORMATION

Facebook ID \_\_\_\_\_

Twitter ID \_\_\_\_\_

LinkedIn ID \_\_\_\_\_

**PARENT's DETAILS**

**Father's Name:** \_\_\_\_\_

Occupation/ Profession: \_\_\_\_\_

Designation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

City State & Country: \_\_\_\_\_

Tel. (mobile): \_\_\_\_\_ Tel. (office) \_\_\_\_\_

Email (Official) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Occupation/ Profession: \_\_\_\_\_

Designation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

City State & Country: \_\_\_\_\_

Tel. (mobile) \_\_\_\_\_ Tel. (Office) \_\_\_\_\_

Email (Official) \_\_\_\_\_

**Residential / Permanent Address**

Same as correspondence:

Street Address (home) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Pin \_\_\_\_\_

Country \_\_\_\_\_

Tel. (mobile) \_\_\_\_\_ Tel. (home) \_\_\_\_\_

Email (personal) \_\_\_\_\_

**LOCAL GUARDIAN / EMERGENCY CONTACT DETAILS**

Mr.  Ms.  Dr.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address (home) \_\_\_\_\_

City \_\_\_\_\_ Tel. (mobile) \_\_\_\_\_

Pin \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ Tel. (home) \_\_\_\_\_

**SCHOLARSHIP**

There are limited number of scholarships available on a merit cum means basis. The final award will be decided by the academic council. If you wish to apply for a scholarship then please state the reasons below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC QUALIFICATION**

Class X (School Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ )

Subject	Year of Passing	*Programme Mode	Marks	Grade	Board

Class XII (School Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ )

Stream	Year of Passing	*Programme Mode	Marks	Grade	Board	Degree Status
						<input type="checkbox"/> Pursuing <input type="checkbox"/> Completed

Graduation (College Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ )

Degree	Stream	Year of Passing	*Programme Mode	Marks/ Grade	Degree Status
					<input type="checkbox"/> Pursuing <input type="checkbox"/> Completed

**Other Qualification**

College/School Name \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_ )

Degree	Stream	Year of Passing	*Programme Mode	Marks/ Grade	Degree Status

**WORK EXPERIENCE**

Duration/Year	Organisation	Designation	Last Salary Drawn

**PROFESSIONAL ENTRANCE EXAMS\* (If you have taken any of the following)**

Exam	Exam Date (taken / expected)	Language Score	Math Score	Total Score	Total Percentile
CAT					
MAT					
GMAT					
IELTS					
Others					

\*Please Select One of the Programme Mode 1. Full Time 2. Distance Learning 3. Open School  
 (\*Please submit a copy of the exam score along with this application form)

How did you hear about IIMT programme? (Please tick the appropriate box and specify the exact source name)

- |   |   |
|---|---|
| <input type="checkbox"/> Educational Fair / Exhibition:   | <input type="checkbox"/> Internet (website):            |
| <input type="checkbox"/> Coaching Institute / Agent Name: | <input type="checkbox"/> Newspaper (name):              |
| <input type="checkbox"/> Magazine (name):                 | <input type="checkbox"/> Alumni (name):                 |
| <input type="checkbox"/> Other (specify):                 | <input type="checkbox"/> Current Student (Name & Batch) |

Do you require transportation to campus  Yes  NoDo you require hostel accommodation  Yes  No

Your application should be accompanied by the following document (Only photocopies):

- |                                      |   |
|--------------------------------------|---|
| 1. Class Xth Certificate             | 2. Class XIIth Marksheet (if available)   |
| 3. Graduate Marksheet (if available) | 4. Post-Graduate Marksheet (if available) |

**OTHER DETAILS**

Please answer the following questions  
(mandatory for Post Graduate Programmes)

Hobbies / Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths \_\_\_\_\_  
\_\_\_\_\_

Weaknesses \_\_\_\_\_  
\_\_\_\_\_

Achievements / Awards \_\_\_\_\_  
\_\_\_\_\_

Reason for Pursuing the Programme \_\_\_\_\_  
\_\_\_\_\_

Why did you choose IIMT? \_\_\_\_\_  
\_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_

Suffering from any Known Diseases/Allergies \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I confirm that, to the best of my knowledge, the information given in this form is correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed application form at the following address:

**Head Admissions**

The Institute for International Management & Technology  
336, Udyog Vihar, Phase-IV, Gurgaon - 122 001, Haryana  
Ph: 0124-4787111 0124-2397783 M: +91 99581 25264  
Fax: 0124-2397288  
E-mail: admissions@iimtobu.ac.in www.iimtobu.ac.in

**DRAFT / PAYMENT INFORMATION**

Payment by DD/Cheque No. \_\_\_\_\_ for ₹ \_\_\_\_\_  
drawn on bank \_\_\_\_\_

All cheques and DDs to be drawn in favour of 'The Institute for International Management & Technology'