



OIM ORIENTAL

INSTITUTE OF MANAGEMENT

Plot No.149, Sector-12, Vashi, Navi Mumbai – 400 703.

Phone : 022-2789 9156,2789 9157, Fax : 2789 9155 Website : <http://www.oim.edu.in>

ADMISSION FORM FOR MMS FIRST YEAR

ACADEMIC YEAR 2022-2023

(PLEASE FILL THE FORM IN CAPITAL LETTERS ONLY)

Affix
Passport
Size Photo
Here

To,
The Director,
Oriental Institute of Management
Plot No. 149, Sector 12, Vashi
Navi Mumbai – 400703.

Respected Sir/Madam,

I wish to apply for admission to First Year Masters in Management Studies (MMS) programme, for the academic year 20 - 20 .I hereby declare that the information given in this application form is complete and true. If admitted, I agree to comply with the rules of the Institute.

1. Name	Surname	Name	Father/Husband Name	Mother Name

2. Gender	Male	Female

3. Date of Birth	Date	Month	Year

4. Blood Group	
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5. Identification mark	
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6. Address for Correspondence

Dist/City:	State:	Pincode:
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7. Telephone No.	
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8. Mobile No.	
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9. Email ID: _____ 10. Aadhar Card No: _____

11. Category	Open	SC	ST	OBC	VJ	DT	NT 1	NT 2	NT 3	Hindi Speaking Minority	Other

12. Physically Handicapped

Y	N
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 12. Major Illness if any

13. Marital Status

Married	Unmarried	Divorced

 14. Nationality

15. Academic Qualification

Name of Exam	University/Board	Year of Passing	Marks Obtained	Out of	% Obtained
S.S.C					
H.S.C					
Degree					
P.G.					
Other 1					

The admission committee will scrutinize these details and students not complying to the admission criteria shall be summarily rejected

16. Work experience if any :

SN	Name of the Concern with address	Dept/ Position	Duration From to	Any other details (Job Profile)

17. Details of Parent / Guardian:

Name of the Parent/Guardian _____

Relation to the student _____ Qualification _____

Employment Status _____ Designation _____

Office Address _____

_____ Annual Income _____

Telephone No _____ Mobile _____

Email – ID: _____

❖ **ACHIEVEMENTS**

18. Extra-Curricular Activities (Indicate Achievements & Awards if any)

19. Student's goal for self

20. Why the student has chosen OIM?

21. Name,Address,Phone no. & Profession of any two persons for reference :

Signature of Student

Signature of Parent/Guardian

Date:

Date:

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FOR OFFICE USE ONLY

Admission Status: _____

Fee Receipt No: _____

T.C. No.: _____

Checked By: _____

Remarks (if any):

Signature:

Date: