



**DAYANAND ACADEMY OF MANAGEMENT STUDIES**

**N Block Govind Nagar, Kanpur**

**Phone: 0512-2650021,2652323 Fax: 2652426**

**E-mail:dams@damsindia.org WebSite:damsindia.org**

**Course Applied For-----**

**Form No. \_\_\_\_\_**

**Batch: 200\_ to 200\_**

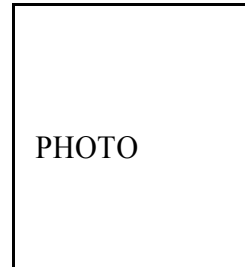
**APPLICATION FORM**

**PERSONAL INFORMATION**

**NAME:** \_\_\_\_\_

**(in capital letters)**

**FATHER'S NAME:** \_\_\_\_\_



PHOTO

**BUSINESS/OFFICE ADDRESS WITH DESIGNATION:**

**LOCAL GUARDIAN'S NAME (for out-stationed student)**

**(BUSINESS/OFFICE ADDRESS WITH DESIGNATION (IF NOT A HOUSEWIFE))**

**EDUCATIONAL QUALIFICATION**

Qualification	Subject	Board/ Univer sity	Year	Marks Scored	Grade/ Division	%age of Marks
10 <sup>th</sup> level						
12 <sup>th</sup> level						
Graduation	B.A. <input type="checkbox"/> B.Sc. <input type="checkbox"/> B.Com. <input type="checkbox"/> BBA <input type="checkbox"/> Any Other _____					
Post Graduation	B.A. <input type="checkbox"/> B.Sc. <input type="checkbox"/> B.Com. <input type="checkbox"/> BBA <input type="checkbox"/> Any Other _____					
Any other qualification (please attach seperate sheet)						

Please specify details of entrance exam passed (if any)

Name of entrance exam \_\_\_\_\_ Rollno \_\_\_\_\_ Rank: \_\_\_\_\_