			TION FORM						
FOR AICTE APPROVED POST GRADUATE DIPLOMA IN MANAGEMENT (AGRI & FOOD BUSINESS)									
	Office Address : Agriculture and Food Management Institute (AFMI) Gopalaswamy Shishuvihara,								
	Dr.M.V Gopalswamy Road, Lakshmipuram, Mysore - 570004, Karnataka.								
	Campus Address : Agriculture and Food Management Institute (AFMI), MIT Campus, Belawadi Village, Naguvanahalli Post, Srirangapattana Taluk, Mysuru District-571438, Karnataka.								
	Contact Details								
		+91 9620017272, +91 9902927272, +91 9620228220,							
		0821-2343494 / Fax : 0821-2331470							
		sionafmi@gmail.com, ad	0	d.org		Pass	port s		
	Visit: www.afmiworld.orgCompositionPhotograph.						oh.		
	(FILL THE APPLICATION IN CAPITAL LETTERS ONLY)								
D	ATE :								
1.	Name of the Applican	t:							
	2. Date of Birth:								
3.	Nationality :	Aadhaar C	ard No:.						
4.	Father's Name :								
5.	5. Father's Occupation :								
6.	Mother's Name :								
7.	7. Mother's Occupation :								
8.	8. (a) Family's Annual Income :(b) Sources of Income:								
9.	9. Category under which you are applying for the course:								
	General SC ST OBC Physically Challenged Industry Sponsored								
10.	Academic Qualifications: Pursuing Graduation Post Graduate								
Area of Graduation/Specialization :									
11. ACADEMIC PROFILE									
	Academics	School/College	Board/University	Year	Degree		Final	Gra	de

	Academics	Institution	Board/University	Year	Degree	/Marks in %
A	Std. X					
В	Std. XII					
С	Graduation					
D	Other Examinations (Specify)					

12. FULL TIME INDUSTRY WORK EXPERIENCE

SI.	Position	Nature of Work	Name of Organization	Duration		Total Years/	Annual	
No.	Held		with Address	From (mm/yy) T	To (mm/yy)	Months	Salary	

13. ADDRESS

PRESENT ADDI	RESS FOR CORRESPONDENCE	PERMANENT ADDRESS (Mandatory)				
City: Pin Code:		City:	Pin Code:			
State:		State:				
Date upto which		Date upto which valid	1:			
Contact Details (c) Mobile No :	s (a) STD Code : b) Tele	bhone Number : Guardian No :				
Alternate Mobil	le No:	(Mandatory)				
Email:						
14. Would you like to	o appear for AFMI TEST* : Yes	No				
	ance Exam (like CAT, MAT, CMAT, for management prescribed by AIC	•	other national and state level			
Name of Test:		Sco	re:			
(Attach supporting docur	ments or give supporting information to cross check y	our score in test given by you). No	te: Applicant can submit more than one score			
16. I am enclosing	a Bank Draft of Rs. 600/- (six hundr	ed only) bearing numb	er			
Dated	of Bank					
On account of F	Prospectus / Application fee in favou	r of ' Director, AFMI , I	Mysore' payable at Mysore.			
17. CERTIFICATE	OF UNDERTAKING					
II. I have read an indicated in th III. I undertake to	information given by me in this applicati nd understood the full requirements on ne prospectus. I am medically fit to follow by the instructions indicated in rom time to time.	of the course, eligibility of undergo the course.	criteria and other information			
	Date:		(Signature of the Applicant)			
Important note:	for month of close the line of a stand / Day	ded at the time of OD 9	DI Test Any ses didates			
o ,	for merit student will be checked / Deci nerit list, but found not fulfilling eligibility		5			

- 2. Attested true copies of all Mark sheets and certificates of 10th Std., 12th Std. and Graduation, Caste, Experience Work experience certificate
- 3. You will receive online login / password for (AFMI test)

Any dispute will be subjected to Mysore jurisdiction only. Note: All the applications need to be sent to our office address.