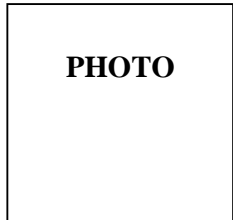


Appl. No : _____



Advance Management programme

2009-2010



1. Personal Information

Name	
Date of Birth [dd/mm/yy]	
Mailing Address	
Telephone No	
E-mail	

2. Academic Background

Degree	Specialization	Institution/University

3. Work Experience

Organization currently employed with	
Current Position	
Address of the organization	
Telephone No	

E-mail	
Previous experience:	

- *Expectations from the course*

: _____

- *Your Strengths and Weaknesses :*

Signature of the Applicant

Date

Please send your completed form to:

SIES College of Management Studies, Sri Chandrasekarendra Saraswathy Vidyapuram,
Plot 1-E, Sector V, Nerul, Navi Mumbai-400706
|Tel.Nos: 022- 27708376/8377/8373

Program Chairperson : Prof. C R Radhakrishnan (9833000382)
e-mail: crradha@siescoms.edu / crradha@rediffmail.com
website: www.siescoms.edu