



# International School of Corporate Management

"Shroff Suyash", S.No.74 + 75 / 2, P. K. Shroff Road, Near Pancard Club , Baner, Pune 411 045.  
Tel : 020-6620 2277 / 88, Fax : 020- 66202278  
Email : info@iscom.co.in Website : www.iscom.co.in

(For office use only)

PGPCS       PRISM       GOLF

Form issued by : \_\_\_\_\_

Payment details \_\_\_\_\_

Affix an  
ID size, **color**  
photograph of  
**the applicant**

The Registrar,  
**International School of Corporate Management**  
Pune.

I wish to apply for admission to the post graduate programme - July / Aug 2010

I understand that if admitted, my admission is subject to production of eligibility certificate from the University/college/institution (as the case may be).

My personal details are given below

Personal Information  
(Please use block **letters**)

- Name in full \_\_\_\_\_  
Surname                      Name                      Middle Name
- Postal Address \_\_\_\_\_  
\_\_\_\_\_
- Permanent Address \_\_\_\_\_  
\_\_\_\_\_
- Mobile : \_\_\_\_\_ Land line (with STD code) : \_\_\_\_\_
- Email : \_\_\_\_\_
- Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)      Gender - Male  Female
- Marital status \_\_\_\_\_ Blood group \_\_\_\_\_
- Father's/Spouse's name \_\_\_\_\_
- Occupation \_\_\_\_\_

10. **Education Details**

Please mention all University/Board Examinations beginning with 10th standard.

Course/ Examination	University/ Board	Name of College/University	Year of Passing	Percentage of Marks	Special/Optional Subject

11. **Work Experience if any :**

Name of Company	Designation	Duration

**For PGPCS / GOLF MANAGEMENT :**

12. CAT/MAT/XAT/CET Score  % , FOR PGPGM : Current Handicap

**For PGPCS only :**

13. I have not appeared for any National level Entrance Exam and would like to appear for the ISCOM Entrance Exam in association with JC CAT at the following test centres\*:

\*Please check the test bulletin for the statewise list of test city codes or log on to our website for the same.  
Please enter the **TEST CITY CODE ONLY** in the boxes provided here.

1st Choice of Test City - Code    2nd Choice of Test City - Code

14. **Passport Details :** (PGPCS & Golf Management only)

- a. Passport No.
- b. Issuing Authority
- c. Valid upto  
(Passport must be valid upto 31st July 2014 )

15. **Demand Draft Details**

(a) Demand Draft No. :

Drawn on which BANK :

Date of Demand Draft :

Amount :

Courier Name :

Docket Number :

**OR**

(b) Kindly deposit an amount of Rs. 450/- in any of the HDFC BANKS across India & Fax us your Pay-in-slip at the following FAX No. 020-66202278. Account Number and Name given below :

**Account Number :** 00521000078766

**Account Name :** International School of Corporate Management.

**“The Application form will be processed only after receipt of the above mentioned payment and subsequently Prospectus (for all courses), Admission Kit (for PGPCS Only) will be couriered to candidates.”**

**16. Undertaking**

- (a) I have carefully noted the rules and process of admission which I am required to follow and shall in matters of interpretation, accept the decision of the Director, as final and binding.
- (b) I shall conduct myself as per the rules and norms of ISCOM. In case of any misdemeanour on my part, I shall not approach the Director for any concession and shall be liable to be debarred from the school.
- (c) I understand that I am required to read and comply with the code of conduct of the Institute which shall be provided to me on reporting for the course. I shall also note and comply with all communications put up from time to time on the General Notice Board of the Institute.
- (d) I understand that as a part of the curricular and / or extracurricular activities organised by the institute during the course I may be required to travel to places away from the institute in transport arranged by the Institute or under my own arrangements and participate actively in the various events. I hereby indemnify ISCOM from any injury or fatality that may accidentally result during any process (es) involved.
- (e) All disputes will be subject to Pune jurisdiction.

Date :

Place :

Signature of applicant

\* This form duly filled should be submitted directly to the institute at the mentioned address.

\* Please keep a photocopy of the filled application form for your record.

\* Please feel free to contact us for any clarification at 9970079165/9158992778