

**APPLICATION FORM FOR FELLOW PROGRAMME IN MANAGEMENT:  
AGRI-BUSINESS AND PLANTATION MANAGEMENT (FPM:ABPM) 2015**

AICTE-approved, Residential Doctoral (Ph.D.) Programme

(All information to be filled in capital letters only)

| <b>1. Name:</b>   |                   |                  |                    |                      |                     |                |                 |
|---|-------------------|------------------|--------------------|----------------------|---------------------|----------------|-----------------|
| <b>2. Date of Birth :</b>   |                   | <b>Day:</b>      | <b>Month:</b>      |                      |                     | <b>Year:</b>   |                 |
| <b>3. Postal Address:</b>   |                   |                  |                    |                      |                     |                |                 |
| <b>City:</b>  | <b>State:</b>     | <b>Pin:</b>      | <b>Email:</b>      |                      |                     | <b>☎:</b>      |                 |
| <b>4. Permanent Address:</b>  |                   |                  |                    |                      |                     |                |                 |
| <b>City:</b>  | <b>State:</b>     | <b>Pin:</b>      | <b>Email:</b>      |                      |                     | <b>☎:</b>      |                 |
| <b>5. Father's Name / Spouse's Name (if Married):</b>   |                   |                  |                    |                      |                     |                |                 |
| <b>Occupation:</b>  |                   |                  | <b>Mo:</b>         |                      |                     | <b>☎:</b>      |                 |
| <b>6. Educational Qualifications [Attach CLASS X onwards Marksheets]:</b>   |                   |                  |                    |                      |                     |                |                 |
| Examination   | Year              | School / College | Board / University | Specialization       | % of Marks / CGPA   | Class Obtained |                 |
|   |                   |                  |                    |                      |                     |                |                 |
|   |                   |                  |                    |                      |                     |                |                 |
|   |                   |                  |                    |                      |                     |                |                 |
|   |                   |                  |                    |                      |                     |                |                 |
| <b>7. Awards / Medals / Prizes / Scholarships / Certificates / Honors, etc.,</b><br>(Mention only top three and those related to Academic /Professional Activities) |                   |                  |                    |                      |                     |                |                 |
| Sl. No.   | Name of the Award |                  |                    | Awarding Institution |                     |                | Year            |
| 1   |                   |                  |                    |                      |                     |                |                 |
| 2   |                   |                  |                    |                      |                     |                |                 |
| 3   |                   |                  |                    |                      |                     |                |                 |
| <b>8. Qualifying Examination: CAT / GMAT / GRE / UGC-CSIR-JRF/ NET / ICAR-NET</b><br>(Please tick the appropriate column and give details)                          |                   |                  |                    |                      |                     |                |                 |
|   | <b>Year</b>       | <b>CAT</b>       | <b>GMAT</b>        | <b>GRE</b>           | <b>UGC-CSIR-JRF</b> | <b>NET</b>     | <b>ICAR-NET</b> |
| <b>Reg. No.</b>   |                   |                  |                    |                      |                     |                |                 |
| <b>Score</b>  |                   |                  |                    |                      |                     |                |                 |

9. Whether belong to SC/ST/OBC/Physically Handicapped (attach certificate):

10. Work Experience : From most recent to backward (Please mention full-time jobs only)\*

| Sl. No. | Name of Organization | Designation | Reporting to | Nature of Duties | Period |    | Total Exp. in months | Monthly Salary in Rs. |
|---------|----------------------|-------------|--------------|------------------|--------|----|----------------------|-----------------------|
|         |                      |             |              |                  | From   | To |                      |                       |
| 1       |                      |             |              |                  |        |    |                      |                       |
| 2       |                      |             |              |                  |        |    |                      |                       |
| 3       |                      |             |              |                  |        |    |                      |                       |

\* Add sheets if required.

11. Reason for your interest in FPM-ABPM (Please write in 150 words only)

12. Proposed Research Work (Please write in 150 words only)

13. Area of Specialization: (Select only two and give your order of preference (I or II))

| Sl. No. | Area  | Preference |
|---------|---|------------|
| 1       | Corporate Strategy and Policy                   |            |
| 2       | Economics & Social Sciences                     |            |
| 3       | Finance and Control                             |            |
| 4       | Marketing                                       |            |
| 5       | Organizational Behavior and HRM                 |            |
| 6       | Production & Operations Management in Commodity |            |

**14. Sponsorship Details for Sponsored Candidates:**

Sponsored by (Please tick the appropriate box)

- |  |                          |
|--|--------------------------|
| 1. Sponsored by company                                | <input type="checkbox"/> |
| 2. Plantation Owners                                   | <input type="checkbox"/> |
| 3. Sponsored by Central / State Governments            | <input type="checkbox"/> |
| 4. Sponsored by International Agency / SAARC Countries | <input type="checkbox"/> |
| 5. Sponsored by NRI / PIO                              | <input type="checkbox"/> |

**15. References:** (Two are compulsory)

(1) Name:

Address:

Email:



(2) Name:

Address:

Email:

**16. Details of Demand Draft:****Name of the issuing Bank:****Place:****DD No.****Amount:****Date of Issue:****17. Details of enclosures sent with the application:****1.****3.****2.****4.****18. Declaration:**

All the details provided by me in this application form are true to the best of my knowledge and belief. I will produce the original certificates on demand at any stage of the programme.

Place:

Date :

\_\_\_\_\_  
Signature of the applicant**Last date for receiving the completed application forms at the institute is July 25, 2015.****Please mail the filled in application form to :**

The Admissions Office  
Indian Institute of Plantation Management  
Jnana Bharathi Campus, P.O. Malathalli  
Bangalore-560 056  
Tel: 91-80-23212767, 91-80-23211716