



Dr. Gaur Hari Singhania Institute of Management & Research

(An Autonomous Institute approved by A.I.C.T.E., Ministry of H.R.D. Govt. of India)

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Website: www.ghsimr.org, E-mail : mdp@ghsimr.org

REGISTRATION FORM

No. _____

Name of the Programme :

Particulars of the Applicant :

1. Full Name (in block letters)

2. Father's Name

3. Date of Birth

4. Complete Mailing Address

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5. Educational Qualification

Name of Exam	Board/University	Year of Passing	Marks Obtained (%)	Division
Graduation				
Post Graduation				
Any Other				

6. Working Experience

Organization	Work Exp. in years	Nature of Work	Designation

7. E-mail ID

8. Mobile No.

(attached with photocopies of graduation marksheet and relevant experience proof)



Important Notes : Duly filled application form may be deposited in our Institute or sent by registered post addressed to MDP Cell, Dr. Gaur Hari Singhania Institute of Management & Research, Kamla Nagar, Kanpur - 208 005. The Institute shall not be responsible for any postal delay.