



INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW.

APPLICATION FORM

POST APPLIED FOR

1. NAME _____

2. FATHER'S/
HUSBAND'S NAME _____

3. PERMANENT
ADDRESS _____

TELEPHONE NO. _____

4. ADDRESS
FOR
COMMUNICATION _____

TELEPHONE NO. _____

E-MAIL _____

5. DATE OF BIRTH _____ SEX : MALE / FEMALE

6. A. CASTE _____ SUB-CASTE _____

B. WHETHER BELONGS TO GEN./SC/ST/OBC/EX-SERVICEMEN _____

C. WHETHER PHYSICALLY HANDICAPPED: YES/NO, IF YES, PLEASE SPECIFY
VH/HH/OH.....

(attach the documentary proof, if belongs to SC/ST/OBC/PH categories)

7. IDENTIFICATION
MARKS _____

8. NATIONALITY _____

9. GENERAL CONDITION OF HEALTH

NORMAL/ HANDICAPPED (SPECIFY DETAILS) _____

HEIGHT _____ WEIGHT _____ BLOOD GROUP _____

10. MARITAL STATUS: MARRIED / UNMARRIED

OTHER (SPECIFY) _____



