JAMAL MOHAMED COLLEGE (AUTONOMOUS)
College with Potential for Excellence
Accredited with ‘A’ Grade by NAAC-CGPA 3.6 out of 4.0
(Affiliated to Bharathidasan University)
Tiruchirappalli- 620 020, Tamilnadu, India

JAMAL INSTITUTE OF MANAGEMENT
Approved by AICTE , New Delhi
Ranked in “A” Category by AIMA, New Delhi

MBA ADMISSION 2015 - 16

6th year of service
20 UG and 21 PG courses
16 Research departments
Conferred Autonomous status in 2004.
Awarded ‘A’ Grade by NAAC (CGPA 3.6 out of 4.0) in 2009
Conferred Status of College with Potential for Excellence (CPE) in 2011
Faculty strength of 418
Guidance and Counseling Centre for Placements.
Students Strength of 11000

For Enquiries:
0431 - 2331935
Admission Committee
jamadmision@gmail.com
Prof. A.S. Thoufiq Nishath
97891 65757
Dr. David Sam
94428 50446

Eligibility for Admission:
Any Graduate with Minimum of 50% Marks and TANCET Score

The Director,
Jamal Institute of Management
Jamal Mohamad College (Autonomous)
Tiruchirappalli- 620 020, Tamilnadu,India.
web: www.jmc.edu/mba
0431 - 2331935

Knowlegde Partners
Reliance
Communication
GB Industry
Standard
AIMA
CII

Wi-Fi enabled campus
Well-equipped computer Centre with high speed internet connectivity, latest softwares and data base
Well stocked A/C library with wide range of books, journals and e-journals
Fully Air conditioned class rooms with audio-visual facilties
Language lab for effective communication
Separate Hostel facilities for men and women
Continuous mentorship programme
100% Placement Assistance
Out bound training

JAMAL MOHAMED COLLEGE

Sale of Application
Starts from
9th March 2015

JAMAL INSTITUTE OF MANAGEMENT

- MOUs with leading corporate & training Institutes
- Ranked in ‘A’ Category by AIMA, New Delhi
- AICTE approved

- More than 1000 students passed out and well placed
- 120 Students intake
- Faculty student ratio 1:13
- 65% of the Faculty with Ph.D.
- Academically accredited faculty with rich research and industry experience
- Recognized Research Centre with 9 Ph.D. Research Supervisors
- Industrial visit to enrich practical exposure
- Personality development programme

- Vibrant Industry Institute Partnership Centre NIK IIIPC
- Corporate Interaction through CEO forum
- Special lectures by reputed academicians and industry experts
- Hands on training in the research projects
- Industry integrated Curriculum
- Emphasis on case studies, practical assignments, live projects and internship initiatives
- Business sector Lecture series Conference, Workshops and Mega National Level Management Meets
<table>
<thead>
<tr>
<th><strong>Degree studied:</strong></th>
<th>Course</th>
<th>Subject/Major</th>
</tr>
</thead>
</table>

1. **Name with initials (BLOCK LETTERS)**
as in HSC Mark Statement

2. **Date of Birth as in HSC Mark Statement**
   *Date* | *Month* | *Year* |

3. **Nationality:**

4. **Religion:**
   - Islam
   - Hindu
   - Christian
   - Others
   [Tick (✓) the appropriate box]

5. **Caste:**
   - BC
   - MBC
   - SC
   - SCA
   - ST
   - OC
   [Tick (✓) the appropriate box]
   (b) Write the name of the Caste: (as in Community certificate)

6. **Gender:**
   - Male
   - Female
   - Transgender
   [Tick (✓) the appropriate box]

7. (a) Are you differently abled? : Yes / No
   (b) If yes, state its nature:

8. (a) Are you a son / daughter of Ex-serviceman of Tamil Nadu Origin? : Yes / No
   (b) If yes, give details:

9. **Name of Father:**
    Mobile No:

10. **Name of Mother:**
    Mobile No:

11. **Name of Guardian if any:**
    Mobile No:

12. **Occupation and Annual income of the Parent / Guardian:**

13. **Are you employed?**
    Yes / No
    If yes, give details:

14. **Address for Communication**
    (In Block Letters)

15. **Qualifying Degree:**
    B.A / B.Sc / B.Com / B.B.A / B.C.A / B.B.M / 
    [Tick (✓) the appropriate box]

16. **Main Subject in the Degree:**

17. **Years of Study:**
    From: To:

18. **Month & Year of Passing:**
    Month: Year:

19. **Name & Address of the College:**
    Autonomous / Non-Autonomous
    [Tick (✓) the appropriate box]
(c) Name of the University to which the above college is affiliated: ……………………………………………………………………………………………

14. (a) Common Entrance Test Appeared: { Tick √ } TANCET / Consortium

b) Scores / Marks obtained (in Percentage): 

15. (a) Furnish the percentage of marks up to 5th, 6th, 7th & 8th Semester Marks: 
the percentage of marks for the entire six semesters: 

(b) Marks Statement

<table>
<thead>
<tr>
<th>Part</th>
<th>Marks Secured</th>
<th>Maximum Marks</th>
<th>(%) Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>-I</td>
<td>(Mention in Language)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-II</td>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-III</td>
<td>Core &amp; Allied &amp; Electives etc.,</td>
<td></td>
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<tr>
<td>-IV</td>
<td></td>
<td></td>
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<tr>
<td>-V (if any)</td>
<td></td>
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</tbody>
</table>

Note: If the scores are on the grade point system, convert them into marks and fill-up the columns.

(Signature of attesting Officer with designation)

15. (a) Additional Degree / Diploma, if any: ……………………………………………………. Month & Year of Passing ………………………………..

(b) Institution where studied: …………………………………………………………… Grade obtained: …………………………………………
(In percentage)

Note: The College does not collect capitation fee for admission in any course.

DECLARATION

○ I declare that particulars given here are correct and I will, if admitted, abide by the rules and regulations of the College. I assure that I will not take part in political or agitation activities inside or outside the college and I further promise that I will behave in a manner that will bring credit to the College and to our Country.

○ I am aware of the law regarding the prohibition of ragging as well as the punishments and if found guilty of the offence of ragging and / or abetting ragging, is liable to be punished appropriately. I agree to abide the punishment in case I am found guilty of ragging and / or abetting ragging.

Station:

Date: ____________________________

Signature of the Parent / Guardian ____________________________

Signature of the Applicant ____________________________

FOR OFFICE USE

Date of Payment: ____________________________

Bill No. ____________________________

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