



# Insurance Institute of India

(Recognized Research Center of University of Mumbai)

## Application Form for Ph. D. in Business Management

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### Personal Profile

Name in full: (CAPITAL LETTERS)

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Gender (Tick):      Male            Female     

Marital Status (Tick):      Married            Single     

Date of Birth: \_\_\_\_\_      Age: \_\_\_\_\_ years \_\_\_\_\_ months  
(dd/mm/yyyy)

Nationality: \_\_\_\_\_

Address of Communication: (along with pincode)

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

Permanent Address: (along with pincode)

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pincode: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (STD Code) \_\_\_\_\_ (Landline) / \_\_\_\_\_ (Mobile No.)

Email ID: \_\_\_\_\_

### Details of qualifying criteria:

Name of Degree : \_\_\_\_\_ Year of Passing: \_\_\_\_\_

Name of the University : \_\_\_\_\_

Years of experience : \_\_\_\_\_ years \_\_\_\_\_ months

**Academic Profile**

Exam	Major Subject(s)	Month & Year of Passing	Name of School / College	% of Marks	Name of the Board / University
SSC					
HSC					
Graduation					
Post Graduation					
Others (please specify)					

**Technical Knowledge:**

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**Work Experience Profile:**

Occupation: \_\_\_\_\_

Name of the Organization	From	To	Designation	Nature of Duties	Remark

**Any other details:**

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I hereby certify that the above information given is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Applicant's Signature**

Place: \_\_\_\_\_

Date: \_\_\_\_\_