



Indian Institute of Management Shillong

Online Application Form for the Post of : _____

Personal Details

Name													
Full Address													
City					State					PIN			
Date of Birth			(DD/MM/YYYY)	Age as on 11/10/2019			Years			Months		Days	
Sex			Category			Nationality			Mobile no.1				
Mobile No.2					Email Id								

Educational Qualification

Degree/Class	Year	School/College	Board/University	Stream/Subjects	%	Division
Post Graduate						
Graduate						
XII						
X						
Others (if any)						

Other Courses & Certifications

1	
2	
3	

Work Experience

Name of Employer	Designation	From (DD/MM/YY)	To (DD/MM/YY)	No. of Months	Brief Job Description	Scale of Pay

I certify that the above information are true, complete and accurate to the best of my knowledge and belief. I understand and acknowledge that any false statement knowingly made or withholding of any relevant information may result in the withdrawal of my application.

Place	
Date	

Full Name	
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