



IIM  
SHILLONG

Rajiv Gandhi

Indian Institute of Management Shillong

**Online Application Form for the Officer (Executive Education and Professional Practice)**

Personal Details										
Name										
Address										
City				State				PIN		
DOB		(DD/MM/YY)		Age as on 31/05/2016		Years		Months		Days
Sex		Category					Nationality			
Mobile No.				Email Id						

Educational Qualification						
Degree/Class	Year	School/College	Board/University	Stream/Honors	Percentage	Division
Post Graduate						
Graduate						
XII						
X				-Not to be filled-		
Others (if any)						

Other Courses & Certifications	
1	
2	
3	

Work Experience					
Name of the Organization/Institute	Designation	Period (from – to) (dd/mm/yy to dd/mm/yy)	No. of Years	Brief Job Description	Salary/Pay Scale

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	

Signature	
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