

CARREOGRAPH

Institute of Management Studies

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ADMISSION FORM FOR 2 MONTHS MEDICAL REPRESENTATIVES' TRAINING PROGRAMME

Paste
your recent photo
here

1. Name in full (Capital Letters) : _____

2. Father's/Guardian's Details :

(i) Name : _____

(ii) Phone No. : _____

(iii) Profession : _____

3. Sex (Male/Female) : _____ 4. Reference : _____

5. Marital Status (Married / Unmarried) : _____

6. Date & Place of Birth : _____

7. Nationality : _____

8. Permanent Address : _____

Pin No. _____

9. Address for correspondence **during your training period (if different from 8)** : _____

Pin No. _____

10. Contact No. : (M) _____ (L) _____

11. Contact No. in case of emergency : _____

12. E-mail ID : _____

13. (a) You are ready to be posted anywhere in West Bengal :

Yes No

(b) Give 4 choices (in order of preference where you would like to get posted).

(1) (2) (3) (4)

(c) (i) Do you have a two wheeler ?

Yes No

(ii) Can you afford to buy a two wheeler if the same is required by the Company?

Yes No After getting selected

After 3 months of working

14. Educational Qualification :

| Exam/course | Stream | Board | School/College Name | Year of Passing | % of Marks |
|------------------------|--------|-------|---------------------|-----------------|------------|
| Class X | | | | | — |
| Class XII | | | | | |
| Graduation | | | | | |
| Master Degree (if any) | | | | | |

15. Work Experience (if any) :

| Organization & duration | Sales job / Office job (Nature of job & duration) |
|-------------------------|--|
| | |
| | |

16. Health Details :

Have you got any problem of :

| | |
|--|--|
| 1. Eyesight <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Hearing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Stammering <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Overweight/Underweight <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Blood Group : | |
| 6. Any Physical or Mental disease? Mention, if any | |

Note : Remember, in the interview process / medical test you may be rejected if you have any one of these problems. Immediate remedial measures are to be taken.

17. The following certificates must be submitted along with this application :

- (1) **One** Xerox copy of Admit Card of Class X (for age proof)
- (2) **One** Xerox copy of Marksheet of Graduation Final Year
- (3) **One** colour passport size photograph (in light background)

18. Declaration by the Applicant :

- (i) The information provided above is true & accurate.
- (ii) All documents attached with this Application Form are authentic.
- (iii) I understand that in the event of my not fulfilling all requirements, the authority may not consider/may cancel my candidature. I also understand that the submission of Application Form does not guarantee admission & fees once paid will not be refunded under any circumstances.
- (iv) I declare that I shall submit myself to the disciplinary jurisdiction of the authorities which may be vested with the powers to exercise discipline under the Act, the Statutes, the Ordinances & the Rules that may be framed by CIMS/University from time to time.
- (v) I understand that fees paid is only for the purpose of training and the Institute does not provide any job guarantee to the students. However, students will be sent for interviews and the selection of the students will solely depend on the performance of the student in the interview board. There is no provision for any refund of fees in case a student is not successful in getting a job even after completing the training.
- (vi) I have read and understood the guidelines.

Date :

Place :

SIGNATURE OF THE APPLICANT

