



Prin L.N. Welingkar Institute of Management Development & Research

**Post Graduate Program in Entrepreneurship
Application Form**

Part A

Form Number: _____

Personal Details

1) Name: _____
(Prefix Mr Ms / First Name / Middle name / Last Name)

2) Age: _____ **3) Date of Birth:** _____
dd / mm / yyyy

4) Email id: _____



Signature

5) Residential Address:

City: _____ Pin: _____ State: _____ Country: _____

Res Tel: _____ Mobile: _____

6) Office Address:

City: _____ Pin: _____ State: _____ Country: _____

Office Tel 1: _____ Office Tel 2 / Fax : _____

Form Number:

**Post Graduate Program in Entrepreneurship
Application Form**

7) Academic Performance

Class	Specialization /Stream	Month & Year of Passing	% Marks/ Grade	Name of the Institute	Univ./ Board
S.S.C					
H.S.C					
Degree					
Post Graduation					
Any Other Qualification					

8) Family Details

	Name	Qualification	Occupation & Name of organisation
Father			
Mother			
Siblings			
Spouse			

9) How did you hear about the Post Graduate Program in Entrepreneurship?

- Print, mention publication _____
- Online, mention website _____
- Recommended by a friend / colleague / relative

10) Facebook id: _____ **11) Twitter handle:** _____

12) LinkedIn id: _____



Prin L.N. Welingkar Institute of Management Development & Research

**Post Graduate Program in Entrepreneurship
Application Form**

13) Organisation Details

(Attach the Annual Report, Product Brochures and other related details to highlight nature of business)

Name of the Organisation: _____

Ownership: _____ Industry: _____
(Sole Proprietor / Partnership / Pvt. / Public Limited)

Products: _____

Who is the promoter? _____

Applicant's relationship with promoter: _____

Family's participation in ownership: _____

Family's participation in management: _____

Website of the Organisation: _____

14) Performance (Last 2 years Profit & Loss A/C and Balance Sheet)

	Year :	Year :
Sales		
Profit After Tax		
Fixed Assets / Gross Block		
Total Employees		
Managerial		
Staff		
Workers		



Prin L.N. Welingkar Institute of Management Development & Research

**Post Graduate Program in Entrepreneurship
Application Form**

Part B

(Attach additional sheets wherever needed to provide detailed information)

1) Academic Achievements (Professional Awards/Medals/Prizes/Scholarships)

2) Extra Curricular, Hobbies and Interests (Interests, Accomplishments etc.)

3) State 3 of your strengths and weaknesses.

4) Who are your business role models and why?



Prin L.N. Welingkar Institute of Management Development & Research

**Post Graduate Program in Entrepreneurship
Application Form**

5) What is your vision for your business in 2 years and 5 years from now? What are the long term & short term growth plans of your organization?

6) Describe your role and responsibility in your organization?

7) What are the areas of immediate concern for your organization?

8) How do you think Welingkar can add value to your existing business?

9) Give a brief description of the role you are expected to perform in your organization after the course.



Prin L.N. Welingkar Institute of Management Development & Research

**Post Graduate Program in Entrepreneurship
Application Form**

References:

(1)

Name: _____

Organization &
Designation: _____

Known to the applicant in what capacity:
Personal Professional

Contact No: _____

(2)

Name: _____

Organization &
Designation: _____

Known to the applicant in what capacity:
Personal Professional

Contact No: _____

**Post Graduate Program in Entrepreneurship
Application Form**

Checklist for Attachments

(Please attach the following with your completed application form and deliver it to the address mentioned below)

1.	Cheque / Demand Draft of Rs.1500/- in favor of Welingkar Institute of Management Development and Research, payable in Mumbai.	<input type="checkbox"/>
2.	A copy of your Degree certificate & Degree mark list (University)	<input type="checkbox"/>
3.	A copy of Birth Certificate or in its absence SSC mark-sheet (Highlight your date of birth)	<input type="checkbox"/>
4.	Company Registration Certificate	<input type="checkbox"/>
5.	Balance sheet and Profit and Loss Account of last two years of your organisation (Highlight the sales figures)	<input type="checkbox"/>
6.	Some kind of company literature or a write-up on your business	<input type="checkbox"/>

Cheque / DD No: _____ **Receipt No :** _____ **Date:** _____

For Office Use: (Details of person accepting the application form)

Coordinator Name: _____

Coordinator Signature: _____

For Accounts Dept:

Form fees accepted by: _____ Signature: _____

Date :

