

भारतीय प्रबंध संस्थान संबलपुर Indian Institute of Management Sambalpur Application Form

[Name and Address should be block letter]

Please do not leave any portion unfilled; if not applicable, indicate the same

| Aa | lvertisement No. & Date | : ADVT/IIMSBP/2025/AUG/15 | |
|----|--|---------------------------|-----------------|
| 1. | Post Applied for | : | |
| 2. | Name | : | Recent Photo |
| 3. | Father's/Husband's Name | : | (Self-Attested) |
| 4. | Date of Birth (DD/MM/YYYY) | : | |
| | Age as on 20.08.2025 | : YearsMonthsDay | |
| 5. | Male/Female | : | |
| 6. | Marital Status | : | |
| 7. | Nationality | : | |
| 8. | Whether SC/ST/NC-OBC (attach attested copy of cert | EWS/General: | |
| 9 | Educational Qualifications | | |

(Starting from Class -X onwards). Please fill up in Block Letters

| Qualification (Examination) | Board/University/Institute | Date of | Date of | % of | Specialization/Subjects |
|-----------------------------|----------------------------|--------------|---------|-------|-------------------------|
| (Examination) | | Commencement | Passing | Marks | |
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| 10. | Work Experience (Po | st Oualification |): Starting from the | present organization. | Please fill | l in block letters. |
|-----|----------------------------|------------------|----------------------|-----------------------|-------------|---------------------|
|-----|----------------------------|------------------|----------------------|-----------------------|-------------|---------------------|

| Name of the Organization | Position Held | Nature of duties/work | From (Date) | To (Date) | Total Experience in Years & months | Pay Level | Gross Salary |
|-----------------------------|------------------|--------------------------|----------------|--------------|------------------------------------|--------------|-----------------|
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| | Total no. o | f years of experienc | ee | | | | |

| 11. Additional (| Dualifications: | | |
|------------------|-----------------|--|--|

12. Address: (please fill in block letters)

| Details | Permanent Address | Communication Address |
|------------------------|-------------------|-----------------------|
| House Name & No. | | |
| Street/Locality | | |
| Town/City | | |
| District and State | | |
| Residence Phone Number | | |
| Mobile Number | | |
| Email Id | | |

| 13. Any other information, please | Any other information, please specify: | | | | |
|------------------------------------|--|--|--|--|--|
| | | | | | |
| | | | | | |
| 14. Details of enclosures attached | along with the application and experience certificate: | | | | |
| 15. Declaration: | | | | | |
| knowledge and belief. I understand | information furnished above is true and correct to the best of a that if any information provided is found to be false or misleading, and in the event of selection and employment, my services are liable ut any notice." | | | | |
| Place: | Name: | | | | |
| Date: | Signature: | | | | |