



भारतीय प्रबन्धन संस्थान तिरुचिरापल्ली

INDIAN INSTITUTE OF MANAGEMENT TIRUCHIRAPPALLI POST GRADUATE PROGRAMME IN MANAGEMENT- HUMAN RESOURCES (PGPM - HR- 2026-28 BATCH)

PGPM - HR Application Form for GMAT Applicants

INSTRUCTIONS

1. This application form is a key part of the admission process and is important for your selection. Complete and accurate information is extremely important. Incomplete or false information will adversely affect your chances of selection. **Admission granted based on false and/or misleading information will be ipso facto null and void.**
2. In all matters relating to admission to the programme, the decision of the Institute's authorities will be final and binding on the applicant.
3. No correspondence will be entertained from the applicant regarding his/ her non-selection.

I PERSONAL DATA

Name: _____
(In CAPITAL letters) As recorded in your academic certificates

Age as of 30 Jan 2026	<input type="text"/> <input type="text"/>						
Date of Birth	Day	Month	Year	(in completed years)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>			
	Single	Married	Sex:	Male	<input type="text"/>	Female	<input type="text"/>

Nationality		Passport No.	
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Affix your recent
passport-size color
photograph here

Marital status:

Category*: General SC ST EWS NC-OBC

(Attach a copy of the certificate if you belong to SC/ST/EWS/NC-OBC)

Disability, if any, mark the relevant type of
disability (as per the Persons with Disabilities Act,
1995) *

 Blindness/
Low Vision Hearing
Impairment Locomotor disability
/ Cerebral palsy

(Enclose a photocopy of the certificate issued by a competent medical authority)

*Only applicable to Indian Nationals.

Gross annual family income	US\$ <input type="text"/>	Place of permanent residence (City, State, Country)	<input type="text"/>
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Please give your complete mailing address (valid at least till June 2026) in CAPITAL letters for intimating the final result.

Name:

(Last name or surname)

(First Name)

(Middle name/ initial)

Address:

City: _____ State: _____ Country: _____ Postal Code: _____

Phone:

(O)
(R)

Fax:	(O)
(R)	

Email:	<input type="text"/>
<input type="text"/>	

II ACADEMIC QUALIFICATIONS

A. Provide complete information on examination marks in all columns. Marks stated in these columns MUST MATCH those in the original mark sheets.

B. Wherever you have received letter grades or grade points instead of marks, provide equivalent marks and attach a certificate from the Registrar/ Principal/ Head of the Department/Authorized signatory explaining the method of conversion. Where such conversions are not possible, please provide an explanatory note in the additional space provided at the end of this page. The Admission Committee's decision in such cases would be final. 1. **Schooling:** Fill in only if it is a Public Examination

Standard	Name of Board/ University	Year of Passing	Total Max. Marks	Total Marks Obtained	% of Marks Obtained	Class/ Division/ Rank*
10 th / SSLC						
12 th / HSC						

2. Graduation

Degree (B.A., B.Tech., B.Sc., etc.) _____

Discipline (Engineering, Arts, Science, etc.) _____

Subject Specialization (Mechanical, Computer Sci., Literature, etc.) _____

Name of the College _____

Name of the University/Institution _____

Mode of Study (Full-time, Part-time, Distance education, etc.)

3 yrs.		4 yrs.		5 yrs.	
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Duration of your graduation degree course

Total number of Years of education in English medium

Did you have Mathematics or Statistics as a formal subject at the graduation level? Yes No

In the Table below, mention details of marks obtained by you in examinations of all subjects (including optional, subsidiary, internal, elective, minor, languages, etc.) taken in each year of the Graduation degree irrespective of whether these marks are combined for granting class/ division.

If you have a 5-year integrated master's degree, provide the percentage of marks obtained in the first 3 years in the column below and the percentage of marks for the remaining 2 years in item No. 3 (Master's degree)

Year	Dates		Max. Marks/ GPA	Marks/ GPA Obtained	% of Marks Obtained	Rank* (if any)
	From	To				
First Year						
Second Year						
Third Year						
Fourth Year						
Fifth Year						
Total						
<i>Space for an explanation of letter grades/grade points</i>						

*Please be prepared to produce certificates/ evidence if a rank is mentioned.

3. Post-Graduation

Degree (M.A., MTech., M.S., etc.) _____

Discipline (Engineering, Arts, Science, etc.) _____

Subject Specialization (Mechanical, Computer Sci., Literature, etc.) _____

Name of the College _____

Name of the University/Institution _____

Year	Dates		Max. Marks / GPA	Marks/ GPA Obtained	% of Marks Obtained	CGPA/CPI
	From	To				
First Year						
Second Year						
Month & Year of Examination				The overall percentage of marks obtained		

4. Post-Graduate Professional Examination

Give details of the last two professional examinations you have taken (e.g. CA, ICW A, CS, etc.)

University/ Institute registered with: _____

Name of the course of study (such as CA, ICW A): _____

Year	Dates		Mention subjects taken at each level	Max. Marks	Marks Obtained	% of Marks Obtained
	From	To				
Inter/ 1st Year						
Final/ 2nd Year						
Month & Year of Examination			The overall percentage of marks obtained			

University/ Institute registered with: _____

Name of the course of study (such as CA, ICW A): _____

Year	Dates		Mention subjects taken at each level	Max. Marks	Marks Obtained	% of Marks Obtained
	From	To				
Inter/ 1st Year						
Final/ 2nd Year						
Month & Year of Examination			The overall percentage of marks obtained			

III ACHIEVEMENTS

Scholastic Achievements

a) Please list scholastic awards or scholarships conferred on you.

b) Please describe your strengths and weaknesses that you have identified in yourself as a *student*.

IV EMPLOYMENT RECORD

Mention **ONLY full-time, paid** work experience **after** Graduation.

Do not include training/ project work done as an integral part of any curricular requirement.

Organization & Location	Designation	Joining date	Leaving date	Monthly Remuneration (US\$)	Reasons for leaving
Total Work Experience earned up to 1 st January 2026 will be considered					Months

In your present/ last job, briefly describe your job responsibilities, achievements, and failures

V DISCONTINUITY IN CAREER

If work experience and academics/professional qualification do not account for the entire period from the time you completed the 10 standards till date, please indicate the **time gaps**, with a full explanation

VI EXTRA-CURRICULAR ACTIVITIES

Indicate your extracurricular interests.

Please give details about your accomplishments, awards received and positions held (a) in sports, games, and hobbies, (b) in associations and voluntary organizations. (Please show original certificates during the time of registration, if selected.)

VII CAREER PLANS

Why do you wish to go in for a management career?

Besides management education, which area/ field would interest you most for a career and/ or for further education?

VIII MEDICAL HISTORY

Please state whether you have any existing physical disability or any chronic illness, including mental illness, which could affect your studies at the Institute.

If you have suffered from any chronic illness, including mental illness, *in the past*, please provide details below:

	Nature of illness	When suffered	Date of completion of treatment	Remarks, if any
1.				
2.				
3.				

IX GMAT SCORE REPORT

GMAT Score Report									
Test Date		Scaled Scores							
Month	Year	Verbal score	% Below	Quant Score	% Below	Total Score	% Below	AW A Score	% Below

X STAY OUTSIDE INDIA

Period of stay outside India					
From	To	Place of Stay	Total number of months	Purpose of stay	

XI DECLARATION

I clearly understand that if I am selected, I will be allowed to join the programme only if I satisfy all requirements of the Institute including the submission of a certificate at the time of registration from the Principal/ Registrar of my college/ institute/University for the declaration of results, I have completed all requirements for obtaining the Bachelor's degree. I would have to produce the pending list of evidence (like a mark sheet/ certificate) of having passed the Bachelor's degree **on or before 31st December 2026**. Non-fulfillment of these requirements will automatically result in the cancellation of the provisional admissions offer.

I certify that the particulars given by me in this application form are true to the best of my knowledge and belief. I understand that **admission granted based on false and/ or misleading information will be ipso facto null and void**. I agree to abide by the decision of the institute authorities regarding my selection/ non-selection to the programme.

Place: _____

Date: _____

Signature of Applicant

Enclose:

- (i) **An attested copy of your GMAT Score Card,**
- (ii) **Demand Draft of US\$ 200 (US Dollar Two hundred only) drawn in favour of Indian Institute of Management Tiruchirappalli, payable at Tiruchirappalli towards non-refundable application fee,**
- (iii) **Two letters of reference from your Teachers/Employer(s),**
- (iv) **A statement of purpose, and**
- (v) **An attested copy of the passport including pages with official authorized entries and stamping**

PLEASE READ THIS FORM ONCE AGAIN AND MAKE SURE THAT YOU HAVE COMPLETED ALL THE ITEMS RELEVANT TO YOU AND HAVE COMPLIED WITH ALL REQUIREMENTS.

“INCOMPLETE FORMS WILL BE REJECTED”

Send in your completed application form (not later than April 30, 2026) to

*Admissions Office
 Indian Institute of Management Tiruchirappalli
 Pudukkottai Main Road
 Chinna Sooriyur
 Tiruchirappalli - 620 024.*