



LLOYD INSTITUTE OF MANAGEMENT & TECHNOLOGY

Plot No. 11, Knowledge Park-2, Greater Noida

Email lloydadmissions@lloydcollege.in | www.lloydmanagement.edu.in/

Helpline No. : +91-9821891830

REGISTRATION CUM ADMISSION FORM

- 1. Please fill the form neatly
- 2. Incomplete form will not be accepted

Reg. No.: _____

Master of Business Administration (MBA)

Affiliated to AKTU Approved by & AICTE, Ministry of HRD, Govt. of India, New Delhi

Entrance Exam.

CAT Score..... / Percentile

MAT Score..... / Percentile

XAT Score..... / Percentile

CMAT Score..... / Percentile

Branch Applied for

Marketing IT

Finance IB

HR Operations

Affix your recent passport size colour photograph

PERSONAL DETAILS OF STUDENT

Name of the Student in Full (Block Letters) :

FIRST NAME

MIDDLE NAME

LAST NAME

Permanent Address

State :

PIN :

Res. Telephone No. (With STD code)

Mobile No.

Correspondence Address (if different from above)

State :

PIN :

Mobile No.

E-mail ID :

Nationality :

Marital Status :

Married Single

Gender :

Male Female

Date of Birth : dd mm yyyy State of Domicile :

Religion :

Category : Gen SC/ST/OBC Others

Details of Brother(s) / Sister(s) / Any other Blood Relation studying/has studied at Lloyd College (if any) :

Name :

Course :

LOCAL GUARDIAN DETAILS

Name in Full (Block Letters) :

Address :

City :

*to update you about the Institute

State

PIN :

Telephone No. (With STD code)

Mobile No.

E-mail ID :

Relation with the Applicant :

Would you like to avail facilities from the institute:

- | | | | | | |
|----------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Laptop | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Study Tour | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Study Material | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Additional Courses | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Transport | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Hostel | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Work Experience Details

Organization & Address

Designation

Duration of work from to

Job profile :
.....
.....

DECLARATION BY THE STUDENT

- I hereby declare that I have read and understood all the rules and regulations of the Institute. I will fully abide by the rules and regulations of the Institute during the course of my studies, otherwise my admission can be cancelled or any other disciplinary action can be taken against me.
- I hereby declare that the particulars stated above are true to the best of my knowledge and belief.
- The admission is purely provisional subject to fulfillment and verification of all the certificate and students made by me in the admission from and in compliance with the AKTU & AICTE requirements. In case my admission is not approved or cancelled by the Competent Authorities, then the Institute will not be liable for the same and I will not claim any fee refund.
- I understand that I have to pay my fees as per the Institute's schedule or I can be debarred from exams/placements opportunities. I shall not claim a refund of registration fee at any time.

Date **Signature of Student**

DECLARATION BY THE PARENT / GUARDIAN

I, Mr. / Ms.....F/o/ M/o / G/o assures that my ward.....will strictly abide by the rules and regulations of the institute during the period of his / her studies, otherwise his / her admission can be cancelled, and / or any other disciplinary action by the authorities of the institute will be acceptable to me.

Date **Signature of Father / Mother / Local Guardian**

ORDER OF THE DIRECTOR ADMISSIONS

Provisional registration / admission to Mr. / Ms.....in.....(course) is granted, subject to the submission of all the certificates and fee required as per the rules and the final approval of the concerned university.

Date **Director Admissions**

UNDERTAKING BY THE STUDENT

I.....S/o / D/o.....
R/o.....have taken provisional admission at LIMT. Gr. Noida in.....course for the academic session.....I hereby undertake that I will produce my proof of qualifying examination as required by the institute by.....In case, I will not produce my proof of qualifying examination by the stipulated time, my candidature may be considered null and void and I shall not claim any refund of fee / registration amount deposited by me.

How did you come to know about LLOYD and its admission process?	
<input type="checkbox"/> Through prospectus of CAT/XAT/MAT/CMAT etc.	<input type="checkbox"/> Through mass media/magazine/electronic
<input type="checkbox"/> Through friends and relatives	<input type="checkbox"/> Through a student of LLOYD
<input type="checkbox"/> Through Coaching Center / Career Consultant	

Signature of Father / Mother / Local Guardian **Signature of Student**

Verified by: (Admission officer)

DOCUMENTS CHECKLIST

Ensure you have attached the photocopy of following documents copies before submitting your application form:

	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1. Four Passport size Photographs		<input type="checkbox"/>
2. Certificate and Mark Sheet of 10th		<input type="checkbox"/>
3. Certificate and Mark Sheet of 12th		<input type="checkbox"/>
4. Bachelor's Degree and Mark Sheet		<input type="checkbox"/>
5. Cast Document		<input type="checkbox"/>
6. Migration		<input type="checkbox"/>
7. Aadhar Card		<input type="checkbox"/>
8. Address Proof (Passport / Pan Card)		<input type="checkbox"/>
9. CAT / MAT / XAT / (Scorecard)		<input type="checkbox"/>
11. Experience letter, if applicant has worked for more than one year.		<input type="checkbox"/>
		<input type="checkbox"/>

Documents verification

Submitted by:

Student's Name,
Signature & Date

Received by:

Admission Manager's Name,
Signature & Date

Verified by

What are your two strengths and weaknesses? Please Explain

Strengths:

1.

2.

Weaknesses:

1.

2.

Evaluation Sheet -

Date:

STUDENT NAME

SPECIALIZATIONS APPLIED FOR:

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GROUP DISCUSSION

	___ / 20
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WRITTEN TEST/ ONLINE TEST (L MAT)

	___ / 30
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Faculty 1 (Name) _____

Faculty 2 (Name) _____

PANEL ROUND

PARAMETERS	MARKS	FACULTY 1	FACULTY 2	REMARKS
Personality	5			
Clarity of Goals	5			
General Awareness	5			
Academic Knowledge	5			
Communication Skills	5			
Body Language	5			

FINAL ROUND/ DIRECTOR'S ROUND

PARAMETERS	MARKS	REMARKS
Personality	5	
Clarity of Goals	5	
General Awareness	10	
Academic Knowledge	10	
Communication Skills	10	

RECOMMENDATION

SIGNATURE :

TOTAL SCORE	_____ / 150
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