

## INDIAN INSTITUTE OF MANAGEMENT KOZHIKODE

IIMK Campus P O, Kozhikode - 673 570, Kerala

कार्यकारी स्नातकोत्तर कार्यक्रम

### **EXECUTIVE POST GRADUATE PROGRAMMES**

# ADMISSION 2015 INSTRUCTIONS FOR FILLING OF ONLINE APPLICATION FORM

Step 1	Register through the IIMK website ( <a href="https://www.iimk.ac.in/academics/epgp/EPGPAdmission2015/login.php">https://www.iimk.ac.in/academics/epgp/EPGPAdmission2015/login.php</a> ). Please note the application number generated .User will also get an email with application number.
Step 2	After registration, login to the online application portal with the registered application number, E-mail ID & password created at the time of registration.
Step 3	Fill in the required details in the form and submit.
Step 4	Complete the application fee payment  Online Payment can be done using following methods  • Credit/Debit Card (Visa, Master, Maestro, RuPay)*  • Internet Banking*  *Bank charges if any has to be bear by the participant.
Step 5	Take print out of online application & dispatch to IIMK with all supporting documents mentioned in <b>Annexure- I</b> before <b>20</b> <sup>th</sup> <b>August 2015</b>

Application No*	Will be auto updated with application number generated at the time of registration.	
Programme Applied for *	Will be auto updated with name of programme opted at the time of registration.	
Name *	Will be auto updated with name entered at the time of registration. Candidate should submit a valid identity proof justifying the name entered in application.	
Upload Photograph*	<ul> <li>Photograph specification: Passport size color photograph with light color background.</li> <li>Image Format – JPEG</li> <li>Size of Image – Minimum 100 KB – Maximum 150</li> <li>The minimum dimensions are 580 pixels (width) x 730 pixels (height).</li> <li>The maximum dimensions are 750 pixels (width) x 950 KB pixels (height).</li> </ul>	



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Preferred aptitude test score for Selection *	If the applicant has a valid CAT/ GMAT score please update the details .Else select EMAT score to apply for EMAT examination conducted by IIMK.		
Have you done any programmes from this institute earlier?*	Applicable for alumnus of the institute. If not applicable .select 'No' and proceed further.		
If the answer to the above question is 'Yes', Please update details of course completed.			
Name of the Programme*	Specify the name of the programme successfully completed.  (Applicable, if the above question answer is 'Yes'.)		
Roll Number*	Specify the roll number of the programme successfully completed. (Applicable, if the question answer is 'Yes'.)		
CGPA Obtained*	Specify the overall CGPA obtained. (Applicable, if the question answer is 'Yes'.)		
Preferred EMAT Examination Centre	Applicable to participants applying for EPGP –Two Year programme only .Candidate should select any one of the city listed to appear for EMAT examination center.  Bangalore, Chennai, Delhi, Hyderabad, Kolkata, Mumbai &Kozhikode.		
Class Room Centre *	Candidates to select their convenient center /city from the available list of centers for learning. Please check the center address and center code from the IIMK website ( <a href="https://www.iimk.ac.in/academics/epgp/classroomcentres.php">https://www.iimk.ac.in/academics/epgp/classroomcentres.php</a> ) before selecting. Center change is not permitted after selection .Please refer, center transfer policy given in the PROSPECTUS.		
How do you come to know about this programme*	Please specify how you come to know about this programme from the list.		
SECTION 1: PERSONAL DATA			
Name*	This is a mandatory field. Please attach copy of valid identity proof with name entered.		
Date Of Birth*	This is a mandatory field. Enter DOB as per matriculation  Certificate /Birth Certificate in the format DD-MM-YYYY		

**Admission Notification -2015** 



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Gender*	This is a mandatory field. Select from the options.
	This is a mandatory field. Enter your House Name, Door
Address Line 1*	/Apartment Number here.
Address Line 2*	This is a mandatory field. Enter your street address here.
Address Line 3*	This is a mandatory field. Fill in the locality name.
City*	This is a mandatory field. Enter the city where you are located at
Oity	present.
State*	This is a mandatory field. Select the state in where you are
date	located at present.
Pin code*	This is a mandatory field. Please fill only numeric characters only
i iii code	(0-9). Do not leave spaces in between.
	Please tick (✓) if the permanent and mailing address is same. If
Mailing Address*	they are different, you will have to fill in your mailing address in
	the fields that appear.
	This field is auto updated with mobile number used at the time of
Mobile Number*	registration & can't be changed. In case of any error while
Mobile Number	updating mobile number at the time of registration, please update
	the correct mobile number in the alternate mobile number option.
Alternate Mobile No	This is not a mandatory field. Please update alternate mobile
Alternate Mobile No	number owned by you (if Available)
Land Line Number (Res)	This is a not a mandatory field.
E-Mail ID*	This field is auto updated with E-Mail ID used at the time of
L-Iviali ID	registration.
Alternate Email ID	This is a not mandatory field. Please type your alternate email
Alternate Linairio	address here.
	This is a mandatory field. Please type the name of your
Current Organization*	Organisation.If you are self employed ,please type 'Self-
	Employed'
	This is a mandatory field. Please type your current designation in
Current Designation*	the organisation.If you are self employed, please update as
	'Owner'.

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	This is a mandatory field. Please select your industry type from
Industry /Sector*	the list .If the industry name is not available in the list, please
	update as 'Others' enter the industry name in the space provided.
SECTION 2: ACADEMIC RECO	PRD
Х	
Poord / University*	This is a mandatory field. Kindly mention the name of the board
Board / University*	or examination conducting body.
Year*	This is a mandatory field. Kindly mention the year of pass.
Pagistar No*	This is a mandatory field. Kindly mention the register number in
Register No*	the examination.
Class/Division*	This is a mandatory field. Mention the class or division obtained in
Class/Division	class tenth.
	This is a mandatory field. Kindly mention total mark applicable for
Total Marks *	the main examination
Marks obtained*	This is a mandatory field. Kindly mention the total mark obtained
	by you in the main examination.
% of Marks*	Percentage will be calculated by system based on the marks
70 OI Warks	entered.
XII	
	This is a mandatory field. Kindly mention the name of the board
Board / University	or examination conducting body.
Year	This is a mandatory field. Kindly mention the year of pass.
Register No	This is a mandatory field. Kindly mention the register number in
register No	the examination.
Class/Division	This is a mandatory field. Mention the class or division obtained.
	This is a mandatory field. Kindly mention total mark applicable for
Total Marks *	the main examination
Marks obtained*	This is a mandatory field. Kindly mention the total mark obtained
	by you in the main examination.
% of Marks*	Percentage will be calculated by system based on the marks
70 S. Mario	entered.
Graduation	



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	This is a mandatory field .Please select the qualifying Degree
Qualifying Degree*	from the list. If your qualifying degree is not listed, Please select
	others and update the name of degree in space provided.
Subject	This is a mandatory field Please specify the Main subject taken
	for graduation.
College*	This is a mandatory field. Kindly mention the name of the
College	college/Institute where you have done the graduation.
University*	This is a mandatory field. Mention the name of the university.
Year of Pass/Graduation*	This is a mandatory field. Mention the year of passing.
Register No.*	This is a mandatory field. Mention the register number of final
Tregister INU.	examination.
Evaluation System*	This is a mandatory field. Please select appropriate option from
Lvaluation System	the list.
Academic System*	This is a mandatory field. Please select 'Annual ', '6 Semester'
Academic System	or '8 Semester' depends upon the pattern of graduation.
Year of Examination*	This is a mandatory field. Please enter the year of examination.
Mark/CGPA Obtained*	This is a mandatory field. Mention the Mark/CGPA obtained in
Wally OO! A Obtained	each year /Semester in graduation.
Max .Mark/CGPA*	This is a mandatory field. Please update the possible maximum
Wax Wally OOI A	Mark/CGPA for each year /Semester.
% of Marks Obtained*	System will calculate the percentage based on the Mark/ CGPA
70 OF IVIAINS OBTAINED	entered.
	This will be calculated by the system. Aggregate percentage of
Aggregate % Mark.*	mark is calculated as the average of percentage of marks
	obtained in the each year/semester.
Post Graduation (Not a mandatory eli	gibility criteria for selection)
Name of the Professional Qualification	If you have answered the question 'Yes'. Please enter the PG
/PG :*	course/Professional Course completed.
Subject*	Please specify the subjects studied.
Collogo/Instituto*	Kindly mention the name of the college/Institute where you have
College/Institute*	done the graduation.
University*	Mention the name of the university.



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Year of Pass:*	Mention the year of passing.	
% of Marks/CGPA Obtained	System will calculate the percentage based on the Mark//CGPA entered.	
SECTION 4: CAREER PLANS -Please fill the experience details from the latest onwards		
Organization*	This is a mandatory field. Please type the name of the organization that you are working/worked.	
Designation*	This is a mandatory field. Designation in your organization	
From*	This is a mandatory field. Start working from date.	
To*	This is a mandatory field. Last working date.	
Number of Months*	Will be calculated by the system	
Gross Monthly Remuneration*	This is a mandatory field.	
Designation of the person last reported to.*	This is a mandatory field.	

#### Statement of Purpose –This is a Mandatory Field.

Briefly outline your professional plans, current or most recent job responsibilities, strengths and weaknesses & most significant accomplishment in these fields.

#### **SECTION 5: EXTRA CURRICULAR ACTIVITIES**

Briefly outline your achievements in extracurricular activities since school level.

#### References

Please provide two references who does not happens to be a personal friend/Relative.

After Submitting the information, Candidate will be redirected '**PREVIEW**' page where candidate and edit the information entered. Please click on '**SUMBIT & PAY FEE**' button to proceed to make fee payment and take application print out.

#### NOTE:

- 1. Please make sure that the information entered by you is complete in all respects. Any incorrect information in the online application form will leads to rejection of your application.
- 2. You can edit the details already filled, by clicking the **EDIT** option given at the right side of each section.
- 3. Press the **Submit & Pay** button at the bottom of the page for submitting the registration form and paying the registration fee.

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- 4. After submitting the application, candidates will not be able to edit the information entered.
- 5. After submitting the application & fee payment, take print out of application form and dispatch to IIMK along with the supporting documents mentioned in Annexure-I.

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