



**GESA
INSTITUTE OF MANAGEMENT AND
TECHNICAL STUDIES**



31/85 | Nathi Bai Compound | Road No. 01 | Opp. Vikhroli Fire Station | Besides R-City Mall | Ghatkopar West | Mumbai-400086

APPLICATION FORM

READ CAREFULLY THE APPLICATION INSTRUCTIONS BEFORE COMPLETING THIS FORM

Complete all the appropriate sections in capital/**BLOCK LETTERS** and attach other supportive documents;

TO THE REGISTRAR,

Gesa Institute of Management and Technical Studies ((Gesa Institute)

PO BOX 400086 Bujumbura, +91-9930331100, +91-9076106380, +965-55340500, +965- 65000481

info@gesainstitute.com / admin@gesainstitute.com / gesainstitute@gmail.com

1: APPLICATION DETAILS (PLEASE WRITE IN CAPITAL LETTER)

SURNAME	FIRST NAME	OTHER NAMES	GENDER
			M <input type="checkbox"/> F <input type="checkbox"/>

***Status**

Married Single Divorce Not to Say

DATE OF BIRTH		NATIONALITY		NATIONAL ID/ PASSPORT NO.	
PROVINCE		DISTRICT (COMMUNE)		NEAREST TOWN (ZONE)	

2. EDUCATIONAL PLANS

1	PROGRAMME APPLIED FOR	Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Bachelors <input type="checkbox"/> Diploma <input type="checkbox"/> Postgraduate <input type="checkbox"/> Certificate <input type="checkbox"/> Seminar/Workshop <input type="checkbox"/>
2	MODE OF STUDY	Classroom <input type="checkbox"/> Online <input type="checkbox"/> Distance learning <input type="checkbox"/> Part Time <input type="checkbox"/> Webinar <input type="checkbox"/>
3	PROGRAMMES NAME	
4	PREFERRED Month to Start	JAN. <input type="checkbox"/> FEB. <input type="checkbox"/> MAR. <input type="checkbox"/> APR. <input type="checkbox"/> MAY. <input type="checkbox"/> JUN. <input type="checkbox"/> JUL. <input type="checkbox"/> AUG. <input type="checkbox"/> SEP. <input type="checkbox"/> OCT. <input type="checkbox"/> NOV. <input type="checkbox"/> DEC. <input type="checkbox"/>

3: PERMANENT ADDRESS

P.O. BOX		TOWN	
TELEPHONE		CELL PHONE	
EMAIL ADDRESS			
GUARDIAN'S / NEXT OF KIN'S NAMES		TELEPHONE	
EMAIL ADDRESS		DESIGNITION	

EDUCATIONAL BACKGROUND

SCHOOL AND COLLEGES ATTENDED	FROM {YEAR}	TO {YEAR}	CERTIFICATE AWARDED

5: FINANCING OF STUDY PROGRAMMES

SELF <input type="checkbox"/>	PARENT / GUARDIAN <input type="checkbox"/>	GOVERNMENT /HELB <input type="checkbox"/>	OTHER SPONSORSHIP <input type="checkbox"/>
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YES I NEED <input type="checkbox"/>
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I DON'T NEED ACCOMMODATION <input type="checkbox"/>
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6: State whether you need accommodation (Please note accommodation where available is on hotel booking which is on availability bases)

7: Admission Number

8: ATTESTATION

I hereby certify that the given in this form is correct and complete to the best of my knowledge, and hereby give my permission to the admission office to obtain any verification deemed necessary to process my application. I further certify that I will arrange for the forwarding of official transcript as required in the instructions, and the transcript becomes the property of **International University of Equator** and will neither be forwarded to another institution nor returned to me. I will include this application my application fee and other documents as required in the application instructions.

Signature..... Date.....

<ul style="list-style-type: none"> ● Account No : _____ ● Account Type : Current Account ● Account Name : GESA INSTITUTE OF MANAGEMENT AND TECHNICAL STUDIES FOUNDATION ● IFSC Code : _____ ● Bank Name : _____ 	<ul style="list-style-type: none"> ● Account No : 121305000502 ● Account Type : Current Account ● Account Name : GEOTIC ENVIRONMENT SAFETY AND SECURITY ALLIANCE PRIVATE LIMITED ● IFSC Code : ICIC0001213 ● Bank Name : ICICI Bank Ltd.
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Payment is to be made in electric transfer, money order or banker's Checks to:

REGISTRATION

Candidate should be registered for extra coaching prior to the beginning of any Course . As a new Candidate, you will have time to meet with the registrar/Director Academic affairs and complete registration procedures during the registration/orientation period.

***ONLY COMPLETED APPLICATIONS WILL BE PROCESSED, DEADLINE MUST BE OBSERVED:**

FOR OFFICIAL USE ONLY

Registrar Officer:	
APPLICATION NO.....	APPLICATION FEES RECEIPT NO./CHECK NO.....
DATE.....	NAME.....SIGNATURE
The Application to be Approved by the Administration and Finance Director	
Signature.....	Stamp Date
...../...../.....	