

*Please affix recent photograph*

## Application Form

**Confidential**  
 There are three parts of this application form  
 1. Personal Details  
 2. Educational Details  
 3. Business Details  
 All fields are mandatory  
 Please fill in all details in BLOCK/CAPITAL ONLY

### 1. PERSONAL DETAILS

General Information      First Name                      Middle Name                      Last Name

Ms. \_\_\_\_\_

Name as you wish to appear on your badge \_\_\_\_\_

Refund Cheque in the name of \_\_\_\_\_

Date of Birth (dd/mm/yyyy) \_\_\_\_\_

Residential Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Internet access at home or office                       Yes                       No

If No, nearest internet access point (in kms) \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Home Telephone Mobile \_\_\_\_\_

Emergency contact (Preferably not immediate family members) \_\_\_\_\_

The medium of Instruction is English; please indicate your fluency \_\_\_\_\_

- No Knowledge                       Basic Knowledge
- Working Knowledge                       Fluent
- Marital Status                       Married                       Unmarried                       Married Single                       Widow

Annual household income \_\_\_\_\_

Annual personal income from business \_\_\_\_\_

Details of income from other sources \_\_\_\_\_

Source of household income \_\_\_\_\_

Type of Identification  Passport  PAN Card  Voter ID Card  Driving License

Details of Identification (Passport No./ PAN No.) \_\_\_\_\_

Number of household members \_\_\_\_\_

Number of income earners in your house \_\_\_\_\_

Number of individuals dependent on you \_\_\_\_\_

## 2. EDUCATIONAL INFORMATION

Education completed starting with the most recent

| Degree | University/ School | Area of Specialisation | Date Earned | Location |
|--------|--------------------|------------------------|-------------|----------|
|        |                    |                        |             |          |
|        |                    |                        |             |          |
|        |                    |                        |             |          |

Have you ever attended any other training / workshop in business training?  Yes  No

If Yes

| Training | University/ School | Location | Duration |
|----------|--------------------|----------|----------|
|          |                    |          |          |
|          |                    |          |          |
|          |                    |          |          |

How did your business benefit from the training?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. BUSINESS INFORMATION

Business Name & Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Nationality \_\_\_\_\_

Country of Residence \_\_\_\_\_ Postal Code \_\_\_\_\_

Job Title  Owner  Co-owner  Yet to start

Number of years business has been operating \_\_\_\_\_

Number of years you are with business \_\_\_\_\_

Number of businesses owned or co-owned  Present  Past

Years of work experience (Total in years)  0-5  5-10  10-15  >15

Number of full-time employees Male \_\_\_\_\_ Female \_\_\_\_\_

Number of part-time employees Male \_\_\_\_\_ Female \_\_\_\_\_

Description of business \_\_\_\_\_

Description of products & services \_\_\_\_\_

Initial amount of capital obtained to launch business \_\_\_\_\_

Primary source of initial capital (please tick where appropriate)

- Own Funds       Friends       Family       Bank  
 Credit Union       Company       Others

Please specify \_\_\_\_\_

Did the Candidate actually receive a loan from a bank/credit union or other formal institution/company?       Yes       No

(If No), did the candidate try to approach a bank/credit union or other formal institution/company for a loan?       Yes       No

Annual revenue (2010-11) Rs \_\_\_\_\_

Annual revenue ( 2011-12) Rs \_\_\_\_\_

Support for annual revenue information (please tick where appropriate) \_\_\_\_\_

Tax statement    Self-reported      Other financial document

Total annual payroll (at the end of previous financial year) \_\_\_\_\_

Connection with any political figures or prominent families?       Yes       No

Received some or all education in a developed country, including participation in a non-degree programme?       Yes       No

Please describe the top three challenges being faced by you in your current role.

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Please describe the top three challenges faced by your organisation.

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Please give reasons for wanting to attend this programme and describe in detail how you see it contributing to your overall development, including benefits to your organisation.

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For this entrepreneurship programme, there will be three full-time sessions. The duration of each training session is one week.

- a. Can you temporarily leave your household and business responsibilities to attend all the training sessions?  Yes  No
- b. Post the programme, are you willing to share data about your business with ISB for the next 5 years, so your progress can be tracked?  Yes  No

I understand that if I have deliberately provided false information or fail to meet the terms of the scholarship listed above, I will have to forfeit the Goldman Sachs Foundation scholarship.

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Date \_\_\_\_\_

Please Note:

1. Filling up the application form does not grant admission to the programme.
2. There is no charge for the application form.
3. The Goldman Sachs Foundation will provide full scholarship to the selected candidates. However; candidates are required to pay INR 9000 at the time of interview. The fee amount of INR 9000 will be refunded:
  - a. To candidates who are not short-listed, within one month of the interview.
  - b. To selected candidates after one month of the completion of the programme.
4. In case a selected candidate drops out of the programme mid-way, due to any reason, the fee amount will be forfeited.
5. This is a non-residential programme. Participants are expected to commute on their own.
6. Please send filled-in application forms to:

**AIMS Entrepreneurship Excellence Centre, Acharya Institute of Management & Sciences,  
Peenya, 1st Cross, 1<sup>st</sup> Stage, Bangalore 560058**

**Phone No: +91 80 28391531, 41179588 Fax: +91 80 28391533/+91 80 28378268, 28398616  
(Vidya)**

**E-mail: [aeec@acharyaims.ac.in](mailto:aeec@acharyaims.ac.in), [cpr@acharyaims.ac.in](mailto:cpr@acharyaims.ac.in)**

**In case you need any clarifications or for further details and registration for selection, kindly contact Prof. K Ranganathan (Mobile: 99800 08974) or Ms K N Veena (Mobile: 98862 61201) or Mr. V.Sundaram (Mobile: 9448478268)**