



Aegis School of  
Telecommunication

## **Masters Program in Telecommunication Management [MPTM] APPLICATION FORM**

Please read the following instructions carefully before completing this Application Form.

### **Required Documents:**

**Please provide the following documents duly filled and completed in support of your application.**

Filled Application Form includes the following

- **Basic Information**
- **Postgraduate and/or Undergraduate Qualifications**
- **Employment History (If applicable)**
- **Additional Information**
- **Reference Forms**
- **Statement of Application Integrity**

Attested copies of Mark-Sheet(s) and Degree Certificate(s).

Two Sealed Reference Forms duly signed by the Referees. The referees can be from current and/or past employer or from an academic institution who you feel can supply supporting evidence of your work and/or academic experience. Please ensure that the references are in sealed envelopes.

Copy of any one of the Test Scores namely G4 Aegis ATA, GMAT, GRE, GATE or call letters from top B-Schools.

Two passport sized photographs (please staple it to your Application Form).

A Copy of your Resume.

One Self addressed envelope (duly stamped).

The required application processing fee.

The fee for application processing is Rs. 550/-. The fee should be sent along with the Application Form in the form of DD in favor of "Aegis School of Telecommunication" payable at Indore.

Please check that you have included all the necessary attachments to ensure that your application form is complete.

Please note that admission committee would not process incomplete applications resulting in rejection of the candidature.

All completed applications should be sent to Office of Admissions Processing (Main Campus) address at Indore. For any query and correspondence, please feel free to get in touch with Office of Admissions Processing (Main Campus).

### **Office of Admissions Processing Aegis School of Telecommunication**

**Main Campus: IPS Academy, Rajendra Nagar, A.B. Road, Indore - 452 012 (M.P.)**  
Tel.: +91 731 5058990, Mob: 98931 83509  
Email: info@aegisedu.org, admission@aegisedu.org  
Website: www.aegisedu.org

**Navi Mumbai Campus:**  
213D/215D Plot No. 37, Sector 15,  
CBD Belapur, Navi Mumbai - 400614  
Email: admission@aegisedu.org, info@aegisedu.org  
Website: www.aegisedu.org

### Basic Information

Name

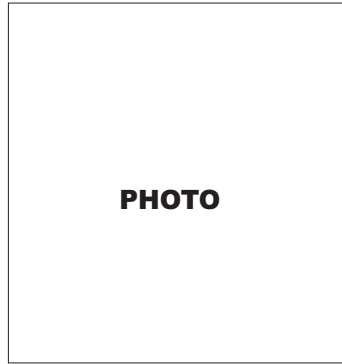
Middle Name

Last Name

Preferred To be called (Nick Name)

Email address

Qualification



Please Staple (Do not paste)

Sex  Male  Female

#### Place of birth:

City/State/Country

#### Current mailing address

Street Address

City/State/Country

Until what date   MM     YYYY

Permanent mailing address  Check here if same as current

Street Address

City/State/Country

Until what date   MM     YYYY

Telephone number

Until what date   MM     YYYY

Home Telephone

Mobile Phone

Personal Fax

Business Telephone

Business Fax

Permanent Phone

Nationality  Country of Residence

## Postgraduate And/or Undergraduate Qualifications

Dates from and to (mm/yyyy-mm/yyyy)	Full-Time or Part-Time	Institution attended (State/Country)	Qualifications & Subjects	Results (Class/GPA)	Date Attended mm/yyyy	Size of Class	Rank in Class	First Major	Second Major

# Employment History

Beginning with your most recent position, please list your full-time work history in the format below.

Please send a copy of a current resume along with the required Supplemental Forms.

## 1. Employer

Position

Date from (mm/yyyy)

 MM      YYYY TO   MM     YYYY

Location(city/state/zip)

Number Of Employees Worldwide

Annual Turnover (If Applicable)

Current base salary ( in annual)

Starting base salary ( in annual)

Additional Bonuses earned in past 12 months

Your responsibilities Hours Per Week

Reason for Leaving

May we contact your current employer?

 Yes  No

If yes, whom may we contact?

Family Name

First Name

Title

Direct Telephone

## Employment History

Beginning with your most recent position, please list your part-time work history in the format below.

Please send a copy of a current resume along with the required Supplemental Forms.

Company name in full (*)	Begin dates (month & year)	End dates	Job title	Location	Salary

Please give full name of Controlling Group or Corporation

If you have any disability or illness that we should be aware of, please explain.

If you need additional space, please continue on Additional Information Page

# Employment History

## 2. Employer

First name

Position

Date from (mm/yyyy)

<input type="text"/>	<input type="text"/>	MM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YYY	TO	<input type="text"/>	<input type="text"/>	MM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	YYY
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Location(city/state/zip)

Responsibilities:

Reason for Leaving

## Referees

Application will not be processed until reference have been received.

Please list below the Names, Positions, Addresses, Telephone numbers, and Facsimile numbers of your two referees.

### 1st REFEREE

Name	<input type="text"/>
Position	<input type="text"/>
Street Address	<input type="text"/>
City/State/Country	<input type="text"/>
Zip code	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

### 2nd REFEREE

Name	<input type="text"/>
Position	<input type="text"/>
Street Address	<input type="text"/>
City/State/Country	<input type="text"/>
Zip code	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>

**Additional Information**

If needed, use this area for additional space for your application questions.



**Essay -1**

Tell the admission committee, what is your career aspiration and how Aegis is going to help in achieving these aspirations? Not more than 300 words.

**Essay -2**

Tell the admission committee, about your biggest failure and what you have learned from it? Not more than 300 words.

## Reference Form

### Guidance Notes For Referee 1

The person named in the MPTM Reference Form has applied to the Master's Program in Telecommunications Management at the Aegis School of Telecommunication, and has nominated you as his/her referee. The one-year, full-time Aegis School of Telecommunication MPTM is an intellectually challenging program, structured around three terms of lectures, essays, case studies, tutorials and major projects and internship in industries.

The program roots its management and Telecommunication theory in practical experience. Students participate in two team projects. These allow students to sharpen their research and analytical skills, and to work closely with clients in applying their learning to practice.

This is a highly pressurised course which makes enormous demands on its students. It is therefore important that the applicant is suitable both temperamentally and academically.

When complete, this reference form should be returned to the applicant, alternatively references can be mailed directly to the Aegis School of Telecommunication at the address below. Please ensure you sign the back of the envelope and cover your signature with clear sticky tape, as failure to do so will invalidate the reference.

Thank you for taking time and trouble to complete this Reference Form.

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Website: www.aegisedu.org

### MPTM Reference Form (I)

Please assess the applicant's abilities as regards the following against a peer group of people at a similar stage in their career (Tick the appropriate box).

	Top 50%	Top 25%	Top 10%	Top 5%	Top 1%	Unknown
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This should only be completed if English is not the applicant's first language.

(1 = poor, 5 = fluent).

	1	2	3	4	5
Ability to speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any further comments which you consider would be helpful, please use the following space, or attach a separate letter.

Address

Name of Referee

Position

Date

Signature

\_\_\_\_\_

## MPTM Reference Form (I)

PLEASE COMPLETE FORM IN BLOCK CAPITALS

NAME OF APPLICANT:

The above named has made an application for admission onto the Aegis School of Telecommunication. This is a rigorous and challenging course which provides individuals of outstanding potential with a broadly-based foundation in Telecommunication management.

All information given in this reference will be treated as confidential.

How long have you known the applicant and in what capacity?

What do you consider to be his/her main strengths?

What do you consider to be his/her main weaknesses?

How do you rate his/her academic ability? If his/her is about to take any further examinations, what results do you anticipate his/her will achieve?

How well do you believe the applicant will respond to a very rigorous and intellectually demanding course?

In what way do you believe the applicant will benefit from the course



## Reference Form

### Guidance Notes For Referee 2

The person named in the MPTM Reference Form has applied to the Master's Program in Telecommunications Management at the Aegis School of Telecommunication, and has nominated you as his/her referee. The one-year, full-time Aegis School of Telecommunication MPTM is an intellectually challenging program, structured around three terms of lectures, essays, case studies, tutorials and major projects and internship in industries.

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Website: www.aegisedu.org

**MPTM Reference Form (II)**

Please assess the applicant's abilities as regards the following against a peer group of people at a similar stage in their career (Tick the appropriate box).

	Top 50%	Top 25%	Top 10%	Top 5%	Top 1%	Unknown
Ability to Work with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numeracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Ability to read English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to write English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have any further comments which you consider would be helpful, please use the following space, or attach a separate letter.

Address

Name of Referee  Position

Date  Signature \_\_\_\_\_

## MPTM Reference Form (II)

PLEASE COMPLETE FORM IN BLOCK CAPITALS

NAME OF APPLICANT:

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What do you consider to be his/her main weaknesses?

How do you rate his/her academic ability? If his/her is about to take any further examinations, what results do you anticipate his/her will achieve?

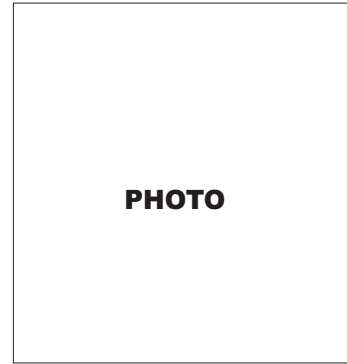
How well do you believe the applicant will respond to a very rigorous and intellectually demanding course?

In what way do you believe the applicant will benefit from the course





# Statement of Application Integrity



Please Staple (Do not paste)

I hereby certify that I have provided accurate information in this application. I expressly waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission or expulsion. This application is my honest statement to the Admission Committee.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_



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