

APPLICATION FORM

INDIAN BUSINESS MANAGEMENT SCHOOL

COUNCELLOR NAME & I.D	NUMBER : -
1. Application for Ad	mission for :
2 Specialization in (C	ompulsory):
3 Additional Specia	lization / Extra Specialization
4. Full Name in BLOCK I	_etters:
First Name	Middle Name Last Name
5. Date of Birth (dd / mm	/ yyyy):/
6. Gender /M. Status:	EMEN
Male Female	Married Unmarried
7. Nationality	:
8. Father's / Husband's Na	ame :
9. Address for Correspon	dence :
	City:
10. Permanent Address	:
	City:
11. Contact Details:	Residence: -
	Mobile: - + 91 Office No. :
12. Email ID.:	

13. Academic Details:

Degree	School/College/Institution/University	Exam Year	Main Subjects	Grade /Percentage

APPLICATION PROFORMA
14. Professional Experience (Total Exp.,
Current Employer, Current Designation):
15. Examination Option: Residence / Study Center
16. Fees Paid: RsUS\$
Online: Cash: Cheque/ DD:
Cheque/ DD No:
Dated://
Bank:
17. Declaration by the Candidate:
I certify that all the information provided in this application Performa is complete, True & accurate. I shall abide on all the rules and regulations define for the appeared program by.
Date:Signature:
Place:
At tested Xerox copy of Mark sheets and Certificates for all the examinations cleared.
• Fees once paid will not be refunded or transferred to any other name under any circumtances.
• Students need to retain a Xerox copy of the submit ted application Performa.
• All correspondence need to have the admission reference number.
FOR OFFI CE USE ONLY
Reference #
Remarks #
Date #/ Signature: