

Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16

MBA - II Shift (2nd Year)

Name of the student:

Surname Name Middle Name

Mother's Name

Date of Birth / / Age Yrs. Birth Place

Sex: Male Female Marital Status : Married Unmarried

Nationality Religion

Category Domicile Status

OPEN SC ST VJ NT OBC SBC Caste :

Email : Mobile No.

Permanent Address

City Pin Code

State Phone (with STD Code)

Address For Correspondence

City Pin Code

State Phone (with STD Code)

MBA I Sem Marks: / Class: Percentage:

MBA II Sem Marks: / Class: Percentage:

Attachment: **Ist Year Mark Sheet**

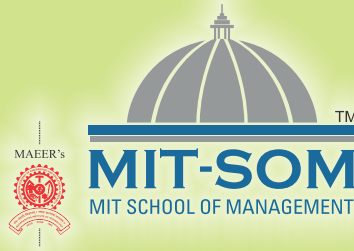
Date : _____

Signature of the Candidate

Signature
Student Section

Signature
Assistant Registrar

Signature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16

MCA (2nd Year)

Name of the student:

Surname Name Middle Name

Mother's Name

Date of Birth / / Age Yrs. Birth Place

Sex: Male Female Marital Status : Married Unmarried

Nationality Religion

Category Domicile Status

OPEN SC ST VJ NT OBC SBC Caste :

Email : Mobile No.

Permanent Address

City Pin Code

State Phone (with STD Code)

Address For Correspondence

City Pin Code

State Phone (with STD Code)

MCA I Sem Marks: / Class: Percentage:

MCA II Sem Marks: / Class: Percentage:

Attachment: **Ist Year Mark Sheet**

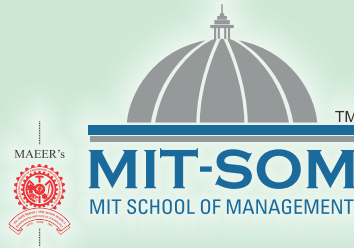
Date : _____

Signature of the Candidate

Signature
Student Section

Signature
Assistant Registrar

Signature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16

MCA (3rd Year) Separate Division

Name of the student:

Surname Name Middle Name

Mother's Name

Date of Birth / / Age Yrs. Birth Place

Sex: Male Female Marital Status : Married Unmarried

Nationality Religion

Category Domicile Status

OPEN SC ST VJ NT OBC SBC Caste :

Email : Mobile No.

Permanent Address

City Pin Code

State Phone (with STD Code)

Address For Correspondence

City Pin Code

State Phone (with STD Code)

MCA III Sem Marks: / Class: Percentage:

MCA IV Sem Marks: / Class: Percentage:

Attachment: **2nd Year Mark Sheet**

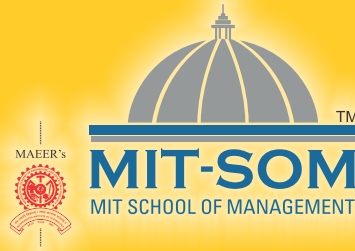
Date : _____

Signature of the Candidate

Signature
Student Section

Signature
Assistant Registrar

Signature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16

MPM (2nd Year)

Name of the student:

Surname Name Middle Name

Mother's Name

Date of Birth / / Age Yrs. Birth Place

Sex: Male Female Marital Status : Married Unmarried

Nationality Religion

Category Domicile Status

OPEN SC ST VJ NT OBC SBC Caste :

Email : Mobile No.

Permanent Address

City Pin Code

State Phone (with STD Code)

Address For Correspondence

City Pin Code

State Phone (with STD Code)

MPM I Sem Marks: / Class: Percentage:

MPM II Sem Marks: / Class: Percentage:

Attachment: **Ist Year Mark Sheet**

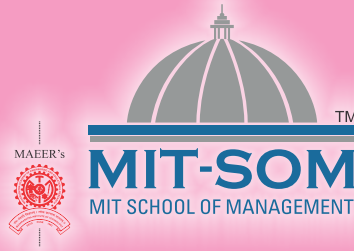
Date : _____

Signature of the Candidate

Signature
Student Section

Signature
Assistant Registrar

Signature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16 MMM (2nd Year)

Name of the student:

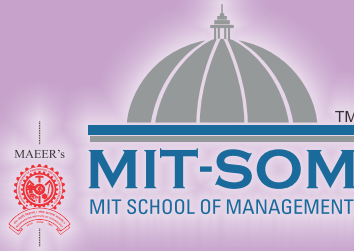
Surname Name Middle Name

Mother's Name Date of Birth / / Age Yrs. Birth Place Sex: Male Female Marital Status : Married Unmarried Nationality Religion Category Domicile Status OPEN SC ST VJ NT OBC SBC Caste : Email : Mobile No. Permanent Address City Pin Code State Phone (with STD Code) Address For Correspondence City Pin Code State Phone (with STD Code) MMM I Sem Marks: / Class: Percentage: MMM II Sem Marks: / Class: Percentage: Attachment: **Ist Year Mark Sheet**

Date : _____

Signature of the Candidate

Signature
Student SectionSignature
Assistant RegistrarSignature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16 PGDBM (2nd Year)

Name of the student:

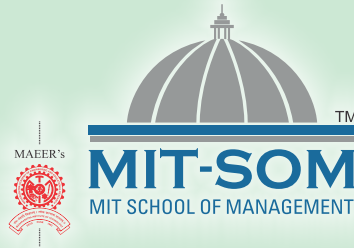
Surname Name Middle Name

Mother's Name Date of Birth / / Age Yrs. Birth Place Sex: Male Female Marital Status : Married Unmarried Nationality Religion Category Domicile Status OPEN SC ST VJ NT OBC SBC Caste : Email : Mobile No. Permanent Address City Pin Code State Phone (with STD Code) Address For Correspondence City Pin Code State Phone (with STD Code) PGDBM I Sem Marks: / Class: Percentage: PGDBM II Sem Marks: / Class: Percentage: Attachment: **Ist Year Mark Sheet**

Date : _____

Signature of the Candidate

Signature
Student SectionSignature
Assistant RegistrarSignature
Director/Asso. Director



Form No.: _____

ADMISSION FORM ACADEMIC YEAR 2015-16

MBS

Name of the student:

Surname Name Middle Name

Mother's Name

Date of Birth / / Age Yrs. Birth Place

Sex: Male Female Marital Status : Married Unmarried

Nationality Religion

Category Domicile Status

OPEN SC ST VJ NT OBC SBC Caste :

Email : Mobile No.

Permanent Address

City Pin Code

State Phone (with STD Code)

Address For Correspondence

City Pin Code

State Phone (with STD Code)

PGDBM Marks: / Class: Percentage:

Attachment: **PGDBM Mark Sheet**

Date : _____

Signature of the Candidate

Signature
Student Section

Signature
Assistant Registrar

Signature
Director/Asso. Director