FORM No.

SURNAME



## **INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT**

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

## TWO YEAR FULL-TIME MBA (EVENING) DEGREE PROGRAMME OF CALCUTTA UNIVERSITY (2021-2023)

MIDDLE NAME

FIRST NAME

Name: Mr./Mrs./Miss

(IN CAPITAL LETTERS)

Mother's Name:

2.

3.

Father's / Husband's Name:

4.	Guardian's Phone Number :						Affix a		
5.	Date of Birth :						recent Photograph		
6.	Gender : Male Female Third gender						Pnotogi	rapn	
7.	Nationality:								
8.	Religion:								
9.	Category: General / NC-OBC / Scheduled Caste / Scheduled Tribe								
10.	O. Physically Challanged: YES / NO								
10(a)	10(a) If Yes Disability Percentage :								
11.	11. Blood Group :								
12.	Address : _								
	Pi	n:		Mobile No				<del> </del>	
		E-mail :							
13.	Academic Qu	alification: (School / Pre Deg	ree Exami	nations on words)					
Ex	kamination	Board/University (Name of School/College)	Year of Passing	Main Subject (Specify Honours)	Marks Obtained/ Total Marks	CGPA or DGPA	% of Marks	Class/ Div.	

14.	Other	Qualification,	if any
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15. Details of Job Experience (attach extra sheet if necessary)

	Organisation	Designation Department		Salary	Period of Service			
16.	CAT / MAT/XAT/JEM/	AT/GATE Registration	n Number	Percentile Score				
17.	7. Any Scholarship / Stipend :							
18.	18. Extra Curricular Activities :							
19.	(a) Fees Paid Rs	(b) Date of	f Payment(	c) Mode of Payment : Cash / O	nline / Powerjyoti			
Duly	completed applicatio	n form should read	h the					

Signature of the Applicant

Date:

Place:

## List of Documents to be attached:

- 1. Class X, XII Marksheet
- 2. Bachelor's and Master's degree certificate and Marksheet (For final year candidates, provide all marksheets till last year
- 3. Proof of Date of Birth (Birth Certificate or Aadhhar Card or Class X Admit Card or Passport)
- 4. CAT / MAT/ XAT / JEMAT/ GATE Registration Form, as appropriate
- 5. Certificate for SC/ST/NC-OBC, if applicable

reception of the Institute by 31st May, 2021.

- 6. Certificate for Physical Disability, if applicable
- 7. Certificate for Below Poverty Line, if applicable8. Work Experience Certificate
- 9. A scanned copy of the completed application form along with a scanned copy of the receipted counter foil meant for IISWBM of the State Bank of India Power Jyoti Account No. 32495656710 should also be sent by Speed Post or Deposit in Drop Box placed in Reception Counter