FORM No.

SURNAME



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

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

## TWO YEAR MBA (EVENING) DEGREE PROGRAMME OF CALCUTTA UNIVERSITY (2025-2027)

MIDDLE NAME

FIRST NAME

Name: Mr./Mrs./Miss

(IN CAPITAL LETTERS)

Father's / Husband's Name:

2.

3.	Mother's Name :									
4.	Guardian's Phone Number :						Affix a			
5.	Date of Birth :							recent		
6.	Gender: Male Female Third gender									
7.	Nationality:									
8.	Religion:									
9.	Category: General / NC-OBC / Scheduled Caste / Scheduled Tribe									
10.	0. Physically Challanged: YES / NO									
10(a) If Yes Disability Percentage :										
11.	Blood Group	):								
12.	Address :									
	Pin : Mobile No									
	E-mail :									
13. Academic Qualification: (School / Pre Degree Examinations on words)										
E	xamination	Board/University (Name of School/College)	Year of Passing	Main Subject (Specify Honours)	Marks Obtained/ Total Marks	CGPA or DGPA	% of Marks	Class/ Div.		
						<u> </u>	l			

14.	Other	Qua	lificat	ion,	if	any

15. Details of Job Experience (attach extra sheet if necessary)

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

## Place:

Date:

## 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, ATMA, CMAT etc. Registration Form, as appropriate
- 5. Certificate for SC/ST/NC-OBC, if applicable
- 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