

FORM NO.

## INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

TWO-YEAR FULL-TIME MBA DEGREE PROGRAMME OF CALCUTTA UNIVERSITY
(SESSION: 2026-2028)

## **COURSE APPLYING FOR MBA-DAY**

| *1.  | Name : Mr./Mrs./Miss  |                          |                   | MIDDLE N | MIDDLE NAME                       |                                   |                 | SURNAME       |                |  |  |  |
|------|---|--------------------------|-------------------|----------|-----------------------------------|-----------------------------------|-----------------|---------------|----------------|--|--|--|
| *2.  | Aadhaar No. :   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *3.  | Father's / Hu   | usband's Name            | :                 |          |                                   |                                   | Г               |               |                |  |  |  |
| *4.  | Mother's Nar  |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *5.  | Guardian's F  |                          | Affix a<br>recent |          |                                   |                                   |                 |               |                |  |  |  |
| *6.  | Date of Birth :   |                          |                   |          |                                   |                                   |                 |               | Photograph     |  |  |  |
| *7.  | Gender : Male Female Third gender   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| 8.   | Nationality:  |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| 9.   | Religion:   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *10. | ). Catagory: General / NC-OBC / Scheduled Caste / Scheduled Tribe                     |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *11. | 1. Annual Family Income :   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *12. | 2. Parents Annual Income Last Financial Year's Income Tax Return Submitted : YES / NO |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *13. | 13. Physically Challenged: YES / NO   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| 14.  | 14. If Yes Disability Percentage :  |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *15. | 5. Blood Group :  |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| *16. | Address for   | Communicati              | on :              |          |                                   |                                   |                 |               |                |  |  |  |
|      | *Mobile No  |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
|      | *E-mail :   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
| 17.  | Academic Qu   | ualification : (Sc       | hool / Pre Deg    | ree Exam | inations)                         |                                   |                 |               |                |  |  |  |
| E    | xamination  | Board/Ur<br>(Name of Sch |                   | Year     | Main Subject<br>(Specify Honours) | Marks<br>Obtained/<br>Total Marks | CGPA or<br>DGPA | % of<br>Marks | Class/<br>Div. |  |  |  |
|      |   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
|      |   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
|      |   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |
|      |   |                          |                   |          |                                   |                                   |                 |               |                |  |  |  |

| 18. | Other Qualification, if any:   |                       |                       |                                 |                       |  |  |  |  |  |  |  |
|-----|--|-----------------------|-----------------------|---------------------------------|-----------------------|--|--|--|--|--|--|--|
| 19. | 9. Details of Job Experience, if any (attach extra sheet if necessary) |                       |                       |                                 |                       |  |  |  |  |  |  |  |
|     | Organisation   | Designation           | Department            | Salary                          | Period of Service     |  |  |  |  |  |  |  |
|     |  |                       |                       |                                 |                       |  |  |  |  |  |  |  |
| 20. | CAT / GMAT Centre C  | ode CAT / GMA         | T Registration Number | Name Code (first ten letters of | the candidate's Name) |  |  |  |  |  |  |  |
|     |  |                       |                       |                                 |                       |  |  |  |  |  |  |  |
| 21. | Any other Scholarship  | / Stipend :           |                       |                                 |                       |  |  |  |  |  |  |  |
| 00  | France Orominulan Anathria   |                       |                       |                                 |                       |  |  |  |  |  |  |  |
| 22. | Extra Curricular Activiti  | es:                   |                       |                                 |                       |  |  |  |  |  |  |  |
| 23. | (a) Fees Paid Rs. 1500   | 0/- (b) Date of Payme | ent (c) Mode d        | of Payment : Cash / Online      |                       |  |  |  |  |  |  |  |
|     |  |                       |                       |                                 |                       |  |  |  |  |  |  |  |

Duly completed application form should reach the reception of the Institute by 29th December, 2025

Signature of the Applicant

Date:

Place:

## List of Documents to be attached (Self-attested photocopy only. Please bring originals for verification during Personal Interview at IISWBM):

- 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 / semester)
- 3. Proof of Date of Birth (Birth Certificate or Aadhhar Card or Class X Admit Card or Passport)
- CAT / GMAT Registration Form as applicable
   Certificate for SC/ST/NC-OBC, if applicable
- 6. Certificate for Physical Disability, if applicable