



FORM No.

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

EXECUTIVE PG PROGRAMME IN MANAGEMENT

(2026-2027)

1. Name : Mr./Mrs./Miss. _____ (IN CAPITAL LETTERS) FIRST NAME _____ MIDDLE NAME _____ SURNAME _____

2. Father's / Husband's Name :

3. Mother's Name :

4. Guardian's Phone Number :

5. Date of Birth :

6. Gender : Male Female Third gender

7. Nationality :

8. Religion :

9. Catagory : General / NC-OBC / Scheduled Caste / Scheduled Tribe

10. Physically Challanged : YES / NO

10(a) If Yes Disability Percentage :

11. Blood Group :

12. BPL : YES / NO

12(a) If yes Annual Family Income Rs. _____

13. Address : _____

Mobile No. _____

E-mail : _____

14. Academic Qualification : (Chronologically starting from 10th standard Examination)

Examination	Board/University (Name of School/College)	Year	Main Subject (Specify Honours)	Marks Obtained/ Total Marks	CGPA or DGPA	% of Marks	Class/ Div.

15. Other Qualification, if any :

16. Details of Job Experience, if any (attach extra sheet if necessary)

Organisation	Designation	Department	Salary	Period of Service

17. Present Employment

Organisation _____

Designation _____

Years _____

18. Any Scholarship / Stipend :

19. Extra Curricular Activities :

20. (a) Fees Paid Rs. _____ (b) Date of Payment _____ (c) Mode of Payment : Cash / Online / Powerjyoti

Duly completed application form should reach the
reception of the Institute by **31th January, 2026.**

Signature of the Applicant

Date :

Place :

List of Documents to be attached :

1. Class X, XII Marksheets
2. Bachelor's and Master's degree certificate and Marksheets (For final year candidates, provide all marksheets till last year / semester)
3. Proof of Date of Birth (Birth Certificate or Aadhar Card or Class X Admit Card or Passport)
4. Certificate for SC/ST/NC-OBC, if applicable
5. Certificate for Physical Disability, if applicable
6. Certificate for Below Poverty Line, if applicable