

Documents Checked & Verified	Signature of the panel members with Date & Comments	FOR OFFICE USE ONLY	Self Attested Photo
i) DOB <input type="checkbox"/>		Form No.....	
ii) Mangement Aptitude Text taken <input type="checkbox"/> (CAT/MAT/XAT/ATMA/JEMAT)		Form Received on .....	
iii) Secondary Exam <input type="checkbox"/>		Class Roll No. ....	
iv) Higher Secondary Exam <input type="checkbox"/>		Date of Admission .....	
v) Graduation <input type="checkbox"/>			
vi) Post Graduation <input type="checkbox"/>			
vii) Experience Certificate (if any) <input type="checkbox"/>			
viii) ID Proof <input type="checkbox"/>			
ix) Caste Certificate <input type="checkbox"/>			



# INSTITUTE OF BUSINESS MANAGEMENT

(Approved by AICTE, Affiliated to Jadavpur University)

THE NATIONAL COUNCIL OF EDUCATION, BENGAL

Jadavpur University Campus Area, Kolkata - 700 032, West Bengal, INDIA

## APPLICATION FORM

2 Year MBA (Day) PROGRAMME

Session: 2026-2027

(All particulars to be filled in by the candidate in own handwriting)

### Personal Information

First Name	<input type="text"/>
Middle Name	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text"/>

Please tick (✓) wherever applicable

Female
  Male
  Married
  Single
  Indian
  NRI
  General
  OBC
  SC
  ST

Address	<input type="text"/>
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Permanent Address	<input type="text"/>
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City	<input type="text"/>
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State	<input type="text"/>
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Pin	<input type="text"/>
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Corresponding Address	<input type="text"/>
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Tel. / Mobile No. .... WhatsApp No. .... E-mail .....

Composite Score in the Entrance Exam. (MAT/XAT/CAT/ATMA/JEMAT/CMAT) .....

Aadhaar No. ....

Blood Group .....

Name of Parent / Guardian .....

Guardian's Occupation & Phone No. ....

Guardian's Email Id (if any) .....

Relation with the Candidate .....

**Educational Qualifications :**

Name of Examination	Board / Council University	Discipline	Subject Combination	Year	Total Marks / Grades	% of Marks
Secondary or equivalent (Class 10 Level)						
Higher Secondary or equivalent (Class 12 Level)						
Graduation (10+2+3 or 4 Level)						
Post Graduation						

**Professional / Additional Qualifications (if any)**

Programme	Institute / University	Duration	Total Marks /Grades / Comments

Whether you are presently occupied? Yes / No

**Work experience, if any :**

Employer	Experience

**Extra Curricular Activity (if any) :**

Activity	Level of Participation (Inter-School or College/State/National/International)	Remarks

**DECLARATION:**

I declare that all the statements made in this application are true to the best of my knowledge. I am, aware that providing false information or suppressing relevant information may lead to rejection of my candidature. I also undertake, if admitted, I will abide by the rules and regulations of the Institute and I shall not directly or indirectly involve myself in any form of activities tantamounting to RAGGING and if detected, shall remain open for my punishment.

.....  
Date

.....  
Signature of Parent / Guardian  
with Name

.....  
Signature of the Applicant