## CENTRAL INDIA COLLEGE OF BUSINESS MANAGEMENT & STUDIES

## **ADMISSION FORM**

Form No:-Registration No-

(To be filled in by Office) NAME OF THE STUDENTS			
ACADEMIC YEAR/SESSION			SPACE FOR
DATE OF ADMISSION		_	PASSPORT
CAP/MGT.	DOMICILE MS OMS		PHOTOGRAPH
COURSE APPLIED FOR :		<u>'</u>	
1) STUDENT'S DETAILS	<b>5:</b>		
Name of student(First name)		<del></del>	<del></del>
(First name)	(Middle name)	(Last nam	ie)
Married: - YES / NO Gender: - M	I / F Birth Date://	Birth Place:	
Birth State:			
_	Category Code: - OPEN /OBC	S/SC / ST / NT /SBC /V.	J
Caste: Sub Caste			
Permanent Address:			
Town/Tehsil:Distric	et:- State: -	Pin Code:-	<del></del>
Local Address			
	Nearest Police	e Station	<del></del>
Previous Education for Preceding 3 year	ar in Maharashtra: - Y/N		
Student mobile: -		E-mail:-	
	T INFORMATION (COM		
STUDENTS BANK ACCOUNT	`	<i>'</i>	
BANK NAME:ACCOUNT NO:-	BRANCH NAM	1E:	
ACCOUNT NO:-			
BRANCH CODE NO.: -	IFSC CODE: -	MICR CO	DE:-
2) FATHER'S DETAILS: Name: -			
(First name)	(Middle name) (I	Last name)	
Address: -		·	
Occupation : - Service / Business D	Designation/post:-		
Organization: -			
Office address: -			
Income: -	Mobile no:-		
Email :- Residence No:-			
Residence NO:-			

3) MOTHER'S DETA				
Name:				_
Occupation : - House wife				
Organization:		D : .: /D :		•
ncome:				_
Email:		Mobile No:-		
4) GUARDIAN DETA NAME: ADDRESS:				-
TAHSIL: -				
TELEPHONE (R):-				
MOBILE NO:-				
ORGANISATION:				
NCOME:	DESIGNA	ATION/POST:		
	EDUCATION	AL OUALIFICA	TION OF STUDE	NT
		VOILLIE		<del>- , -</del>
5) S.S.C. APPL	ICABLE: - YE	S/NO M	EDIUM OF INST	RUCTION:-
S.N. Subjects	Marks out of	Marks obtained		
1			Year of Passing	:-
2			0/ -63/111-4	
3 4			% of Marks obtain	ea :-
5			+	
6				
7				
Total Marks				
Name of Institution:				
6) H.S.C. / MCVC	APPLICA	BLE: - YES / NO		
S.N. Subjects	Marks out of	Marks obtained		
1			Year of Passing	:-
2			   % of Marks obtain	od •-
3 4			- 70 OI WIAIKS ODIAIII	.u
5			Stream :- Science /	MCVC/TECH
6			/ITI/Commerce	
7				
Total Marks				
Name of Institution:				
Name of Board :				

7) DIPLOMA/ I.T.I	APPLICABLE: - Y/N
Board	State
Branch	Year of Passing
Board Enrollment	Total Marks (out of)
Name of Institution	Percentage of Marks
8) DEGREE	APPLICABLE: - Y / N
University	Name of Degree:
Name of Institution	Enrollment No.
State	
Year of Passing N	Marks Out of Percentage of Marks
9) <b>POST GRADUATE DEGI</b>	REE APPLICABLE: - Y / N
University	Name of Degree
State	Enrollment No.
Year of Passing	Marks Out of
10) EMPLOYMENT INFOR	MATION
Current Employment (Y/N)	Telephone (O)
(Name of Organization	Length of Services
(Name of Post/ Designation	
Organization Name	
All Information Stated Above Is	Correct. If Any Details Are Wrong It Is Our Responsibility.
be our responsibility to submit the sa cancelled.	at time of admission will be submitted within 7 days from the date of admission and it will me. If original documents are not submitted within time, the admission shall be treated as admission to the course is provisional subject to final approval of the affiliating
Signature of Parents/Guardian	Signature of Student
Received Rs	by cash/cheque/D.D no Dated
	All the required documents have to be
	n, otherwise admission may be cancelled.
The remaining fees Rs	is to be paid up to
Date: -	Name & Signature of verifying