



FORM No.

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

**TWO YEAR FULL TIME MBA-PUBLIC SYSTEMS DEGREE PROGRAMME OF CALCUTTA UNIVERSITY
(SESSION : 2020-2022)**

Course Applying for **MBA - PUBLIC SYSTEMS MANAGEMENT**
(With specialization in Environment Management / Energy Management /
Health Care & Hospital Management / Transportation & Logistics Management)

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. Category : General / OBC / Scheduled Caste / Scheduled Tribe

10. Physically Challenged : YES / NO

10(a) If Yes Disability Percentage :

11. Blood Group :

12. Address : _____

Mobile No. _____

E-mail : _____

13. Academic Qualification : (School / Pre Degree Examinations)

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

*Affix a
recent
Photograph*

14. Other Qualification, if any :

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

Organisation	Designation	Department	Salary	Period of Service

16. CAT / GMAT Centre Code CAT / GMAT Registration Number Name Code (first ten letters of the candidate's Name)

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17. Any Scholarship / Stipend :

18. Extra Curricular Activities :

19. (a) Fees Paid Rs. 900/- (b) Date of Payment _____ (c) Mode of Payment : Cash / Online

Signature of the Applicant

Date :

Place :

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