



FORM No.

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

TWO YEAR FULL-TIME MHRM DEGREE PROGRAMME OF CALCUTTA UNIVERSITY (2016-2018)

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

2. Father's / Husband's Name : _____ Mother's Name : _____

3. Date of Birth :
(DD/MM/YYYY)

4. Sex :

5. Caste : General / SC / ST / OBC / OBC (NC) :

6. Physically Handicapped : Yes / No

**Affix a
recent
Stamp Size
Photograph**

7. Address for Correspondence :

8. E-mail :

9. Phone Number :

10. Academic Qualifications (Beginning with School up to Post Graduate if any)

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

11. Other Qualification, if any :

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

Organisation	Designation	Department	Salary	Period of Service

13. CAT Registration Number

Name Code (first ten letters of the candidate)

Duly completed application form should reach the reception of the Institute by **5th February, 2016.**

Date :

Signature of the Applicant with date



DL FORM

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14. Application Fee

Journal No.

Date of Deposit

Signature of the Applicant

Important Instructions

- Duly Completed application form should reach the Reception of the Institute by **5th February, 2016** at the latest along with the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account No. 32495656710
- A scanned copy of the completed application form along with a scanned copy of the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account no. 32495656710 should also be sent by e-mail : admissions@iiswbm.edu for record purpose.

Date :