



D.L. FORM

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

MASTER DEGREE IN RETAIL MANAGEMENT (2 Year Full Time)**Session : 2016 - 2018**

1. Name : Mr./Mrs./Miss. _____
(IN CAPITAL LETTERS) FIRST NAME MIDDLE NAME SURNAME
2. Father's / Husband's Name : _____
3. Mother's Name : _____
4. Father's / Husband's Occupation : _____
5. Date of Birth : 6. Sex : Male Female Trans Gender
6. Catagory : General / OBC / Scheduled Caste / Scheduled Tribe
7. (a) Permanent Address : _____
_____ Phone No. _____
- (b) Contact Address : _____
_____ Phone No. _____
- E-mail : _____

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recent
Photograph**

8. Academic Qualification :
(i) School / Pre Degree Examinations

Standard	Board / University	Year	Total Max. Marks	Total Marks obtained	Class Division	% of marks

- (ii) Bachelor's Degree

Degree	Year	University	Main Subjects	Class	% of marks

- (iii) Post Graduate Degree/Diploma

Degree	Year	University	Subjects	Class	% of marks

- (iv) Any other Qualifications / Extra Curricular Activities

9. (Attach extra sheet, if necessary)

10. Work Experience
(i) Past Employment

Organisation	Designation	Department	Salary	Period of Service

- (ii) Present Employment (attach extra sheet, if necessary)

Organisation	Designation	Department	Salary	Period of Service

11. CAT/MAT Registration No. Percentile Score _____

12. Application Fee Journal No. Date of Deposit _____
 Signature of the Applicant with Date

Enclose photocopies of marksheets and CAT / MAT score sheet along with Application Form.

Important Instructions

- Duly Completed application form should reach the Reception of the Institute 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.