



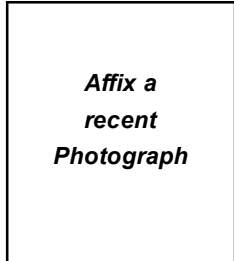
D.L. FORM

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

**TWO YEAR FULL-TIME MASTERS IN SOCIAL WELFARE (MSW) OF CALCUTTA UNIVERSITY
(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
7. Category : General / OBC / Scheduled Caste / Scheduled Tribe
8. (a) Permanent Address : _____
_____ Phone No. _____
- (b) Contact Address : _____
_____ Phone No. _____
- E-mail : _____

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recent
Photograph**

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

| Examination | Board/University (Name in Full) | College/Institution | Year | Main Subject (Specify Honours) | Marks Obtained | % of Marks | Class/ Div. |
|-------------|------------------------------------|---------------------|------|-----------------------------------|-------------------|---------------|----------------|
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10. Other Qualification / Extra Curricular Activities :

11. Details of Job Experience, if any (in case you are employed, please enclose a Xerox copy of your employment certificate)

| Organisation | Designation | Department | Salary | Period of Service |
|--------------|-------------|------------|--------|-------------------|
| | | | | |

12. 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 **20th June, 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.