DL FORM

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

TWO YEAR FULL-TIME MBA DEGREE PROGRAMME OF CALCUTTA UNIVERSITY

(2015-2017)

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 : [ ][ ][ ][ ][ ][ ][ ][ ]

4. Sex : Male Female

5. Whether belonging to SC/ST : SC ST

6. Whether Physically Handicapped : Yes No

7. Mailing Address, Phone No. and e-mail if any :

Affix a recent Stamp Size Photograph

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

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

9. Other Qualification / Extra Curricular Activities :

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

Organisation	**Designation**	**Department**	**Salary**	**Period of Service**

11. CAT Centre Code [ ] CAT Registration Number [ ] Name Code (first ten letters of the candidate) [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

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 **8th December, 2014** 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 puspose.