



FORM No.

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT  
MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073  
**ONE YEAR DIPLOMA IN SUPPLY CHAIN & LOGISTICS MANAGEMENT**  
**(2018-2019)**

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 / NC-OBC / Scheduled Caste / Scheduled Tribe

10. Physically Challenged : YES / NO

10(a) If Yes Disability Percentage :

11. Blood Group :

12. BPL : YES / NO

12(a) If yes Annual Family Income Rs. \_\_\_\_\_

13. Address : \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail : \_\_\_\_\_

14. 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.

PTO

15. Other Qualification, if any :

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

Organisation	Designation	Department	Salary	Period of Service

17. Present Employment

Organisation \_\_\_\_\_

Designation \_\_\_\_\_

Years \_\_\_\_\_

18. Any Scholarship / Stipend :

19. Extra Curricular Activities :

20. (a) Fees Paid Rs. \_\_\_\_\_ (b) Date of Payment \_\_\_\_\_ (c) Mode of Payment : Cash / Online / Powerjyoti

Duly completed application form should reach the reception of the Institute by **12th December, 2017**.

\_\_\_\_\_  
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. Certificate for SC/ST/NC-OBC, if applicable
5. Certificate for Physical Disability, if applicable
6. Certificate for Below Poverty Line, if applicable