

**INSTITUTE OF BUSINESS MANAGEMENT
CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR
APPLICATION FORM FOR B.B.A. PROGRAMME
For the Session Commencing July**

Tick the Category for which applying.

**Normal Category/Self Supporting Category
NRI of NRI Sponsored Category.**

Particulars of the Applicant :

1. Full Name (in Block Letters) _____

2. Father's Name _____
3. Date of Birth _____
4. Complete Mailing Address _____

5. Category (Please mention) _____
(a) (SC, ST, OBC, Gen.)
(b) Enclose certificate from the District Magistrate, if SC/ST/OBC, OBC candidate's certification should mention that he/she does not belong to the creamy layer as per GOI notification dated 08.09.93
Name of Test Center Opted : _____

Duly Attested Passport size Photograph
facing camera

6. Eligibility Category
(a) If already Intermediate or Higher Secondary i.e. (10+2) Pass (Mention) _____
(b) If appearing for final year Intermediate (mention the name of the examination) _____
(c) (i) Managerial Work Experience Mention Yes/No
(ii) If yes, Number of years _____

7. Educational Qualification:

Examination Passed	Examining body	Year	Division awarded	% marks obtained	Subject offered
High School or Equivalent					
Intermediate or Equivalent					
Others (Specify)					

(Enclose Attested copies of Certificates & Mark Sheets)

8. Work Experience:

Position held	Organisation	Last pay drawn p.m.	Duration	
			From (Date)	To (Date)

9. In the space below, additional information about extra-curricular achievement etc. may be given which, in the opinion of the applicant, entitles him/her to deserve special consideration.
10. No objection/sponsorship certificate from the present employer, if employed:
Mr./Ms. has been full-time employee of our organisation since19..... as (designation) The organisation has no objection in his/her candidature for B.B.A. full time programme of CSJM University, Kanpur. If selected we agree to release him/her as per the University schedule.

Date _____
Name of the Organisation _____

Signature _____
Designation of Sponsoring _____
Authority _____

UNDERTAKING BY THE CANDIDATE

I am applying for admission in B.B.A. Programme under category
(Please mention whether Full Time Normal Category or self supporting category or NRI/NRI Sponsored Category)
I certify that the information furnished above is true to the best of my knowledge and belief. I understand that if anything is found false/incorrect at any stage, my candidature/admission to the course shall be cancelled without any refunds. If admitted to the course, I shall abide by all the rules and regulations of CSJM University, Kanpur.
I am aware that I have to submit the evidence criteria of passing final year intermediate at the time of admission, failing which I shall lose my claim for admission.

Date _____
Place _____

Signature of Candidate

IMPORTANT NOTES:

1. The application form duly completed must be sent by registered post addressed to Coordinator, B.B.A. Admission Test CSJM University, Kanpur - 208 024
2. The University shall not be responsible in case the admit Card is lost or is delayed in transit.
3. The allotment of centre will be at the discretion of the University.
4. Please ensure that your admission form is complete in every respect and each entry is filled. The incomplete application forms are liable to be rejected.