



INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

TWO YEAR FULL-TIME MRM DEGREE PROGRAMME OF CALCUTTA UNIVERSITY

(2020-2022)

1.	Name : Mr./W											
	(IN CAPITAL L							SURNAME				
2.	Father's / Hu	sband's Name :										
3.	Mother's Name :											
4.	Guardian's Phone Number : Affix a											
5.	Date of Birth : recent											
6.	Gender: Male Female Third gender											
7.	Nationality:											
8.	Religion:											
9.	Catagory: General / NC-OBC / Scheduled Caste / Scheduled Tribe											
10.	. Physically Challanged: YES / NO											
10(a	a) If Yes Disabi	ility Percentage :										
11.	Blood Group:											
12. Address :												
	Mobile No											
	E-mail :											
13. Academic Qualification : (School / Pre Degree Examinations)												
E	Examination	Board/Uni (Name of Scho		Year	Main Subject (Specify Honours)	Marks Obtained/ Total Marks	CGPA or DGPA	% of Marks	Class/ Div.			
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14.	14. Other Qualification, if any:												
15. Details of Job Experience, if any (attach extra sheet if necessary)													
	Organisation	Designation	Department		Period of Service								
16.	CAT / MAT Centre C	ode CAT / MAT	CAT / MAT Registration Number			letters of t	he candi	date's Na	ame)				
17.	Any Scholarship / Stipe	end:											
18.	Extra Curricular Activiti	es:											
19.	9. (a) Fees Paid Rs (b) Date of Payment (c) Mode of Payment : Cash / Online / Powerjyoti												
Duly	completed application	n form should reach	ı the										
Duly completed application form should reach the reception of the Institute by 5 th June, 2020.					Signature of the Applicant								

List of Documents to be attached :

1. Class X, XII Marksheet

Date : Place :

- 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 Aadhhar Card or Class X Admit Card or Passport)
- 4. CAT / MAT Registration Form, as appropriate
- 5. Certificate for SC/ST/NC-OBC, if applicable
- 6. Certificate for Physical Disability, if applicable