



VAISHALI INSTITUTE OF BUSINESS AND RURAL MANAGEMENT

(Approved by AICTE, New Delhi & Affiliated to B.R.A., Bihar University)

Institutional Area, Narayanpur Anant Road, Muzaffarpur-842002

LIAISON OFFICE : PANDEY PLAZA, 2ND FLOOR, EXHIBITION ROAD, PATNA - 800001

APPLICATION FORM FOR ADMISSION TO TWO YEAR FULL TIME M.B.A. COURSE

For Office use only :

MAT SCORE

GD/PI GRADE

Admit Pending Reject

Affix recent
Passport size
Photograph duly
signed by the
applicant

IPO/DD No. for sum of Rs.....

Signature of the Admission Authority

CATEGORY : General / SC / ST / OBC

Registration No.

Roll No. for M.B.A. Course

(Please ensure to fill up this form in Capital letters)

1. Name :
Sur name Middle name First name

2. Sex : Male / Female

3. Father's Name :

4. Mother's Name :

5. Nationality :

6. Age :

7. Marital Status : Married / Unmarried

8. Date of Birth : Date Month Year

Place of Birth :

9. Mother Tongue

10. Language known (a) Speak

(b) Read

(c) Write

11. Do you belong to SC ST OBC

(Tick the appropriate box and attach a certified copy of certificate from District/Subdivisional Magistrate)

12. Special Claims, if any :

13. Discipline of your Bachelor's Degree

14. Educational Qualification :

Examination Passed Secondary onward	Class or grade	Subjects	School/ College	Board/ University	%of Marks	Year

15. Additional Qualification (if any)

16. Indicate your reasons for opting for M.B.A. course (in about fifteen words) :

17. Indicate your extra-curricular activities :

18. Particulars of Father/Guardian :

(a) Name & Address

.....

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(b) Occupation (c) Total Monthly Income in Rs.

19. Mailing Address
-
- PO./District Tel. No. E-mail
20. Permanent Address
-
- PO./District Tel No. E-mail
21. Domicile
22. Give two references (must not be related to the applicant) :
- | | | |
|------------|-----------|-----------|
| Name | (a) | (b) |
| Address | | |
| Tel No. | | |
| Profession | | |

DECLARATION

I hereby declare that the information furnished in this form is correct and true to the best of my knowledge. I undertake that in the event of false information appearing in this form, my admission will stand automatically cancelled. I agree that all the fees once paid to the institute will be non-refundable in any form.

Date :

.....
(Signature of the Applicant)

No.

Undertaking

All the information submitted by Mr. /Ms.
in the application form, for admission to 2 year (Full time) MBA program (session 2008-10) is correct and true.

I accept full responsibility for the behaviour and conduct of my ward during his period of study at the Institute.

In case he / she is found indulging in any unbecoming acts, which includes indiscipline and participation in ragging his / her admission may be cancelled at any time.

Further, I assure that my ward will attend the classes regularly and in case his /her attendance falls short, of the standards set by the University, his / her admission may be terminated at any point of time and I will abide by the decisions taken by the institute in this regard.

Signature of the Candidate

.....

Full Name (Parents / Guardian)

.....

Signature

Date : / /