



**UNIVERSITY DEPARTMENT OF MANAGEMENT**

Test	Date of Examination	Percentage /Percentile Obtained
CMAT/MAT/CAT/XAT/ATMA/CET		

Extra-Curricular Activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Note: All the original certificate including the domicile certificate of the state will be verified at the time of counseling

DECLARATION: I hereby declare that the information given above or contained in the documents attached is complete and accurate. I understand that concealment or willful omission of facts will lead to cancellation of my admission or expulsion by University Department of Management, Vinoba Bhave University, Hazaribag.

\_\_\_\_\_  
 (Parent /Guardian Signature)

\_\_\_\_\_  
 (Candidate's Signature)

**Examination Report (For Office Use Only)**

Group Discussion /PI

Merit list

Date.....

Date.....

Conducted by GD/ PI Council

Conducted by Admission Council

Remarks.....

Verified Original Documents.....

Date of Birth Certificate  Yes  No.

Mark sheet  10th  12th  Graduation

Qualifying Exam Result  Yes  No.

Transfer /Migration Certificate  Yes  No.

Registration Details:

Batch Code .....Payment Type.....Net Fees.....

\_\_\_\_\_  
 Signature of Verifier with date

\_\_\_\_\_  
 Signature of Admission In-charge

\_\_\_\_\_  
 Director  
 University Department of Management  
 Vinoba Bhave University, Hazaribag