

Master of Business Administration Evening Programme

MBA Evening Session (Approved by AICTE) Vinoba Bhave University, Hazaribag
NAAC 'B**, Accredited University

Affix your recent passport size photograph here

REGISTRATION FORM

		Sessi	on – 2019- 21			
Name Dr./Mr./N	Mrs./Miss.					T
Date of Birth	D D M M	Y Y Gen	der M F	Marital Statu	IS Single Ma	rried
✓ Category	Gen SC	ST OBC	PH NRI	FN (Attach co	ertificate, if applic	able)
E-mail Address	s:-					
Aadhaar No:-			Bloo	d Group:		
Identification N	Mark:- 1					
Correspondence	te Address 2.					,,3
Mobile No. of	Applicant -		Alternate M	obile .No		
Permanent Add	dress					
Telephone (with STD code)			(M)Pin Code			
Father's / Husb	and's Name: Mr.				e de la companya de	
Mother's Name Mrs			Occupation			
Academic Bac	ekground					
Exam	Year of Passing	Board /University	School/College	Subject	% of Marks	
Matric						
Intermediate/						
10 +2						
Graduation			-325490			
P.G.						
Others		Selection of the select				1
Others					1 2 2 2	1

UNIVERSITY DEPARTMENT OF MANAGEMENT

Work Experience:-

Experience	From to	Post hold/holding
		D'Aperience

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

DECLARTION: 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.

Seal & Signature of Employer	(Candidate's Signature)			
Examination Repo	ort (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.			
Work Experience Certificate Yes No.	NOC from Employer's Yes No.			
Registration Details:				
Batch CodePayment Type	Net Fees			
Signature of Verifier with date				
Signature of Course Co-ordinator with date	Signature of the Director University Department of Management			