

SRI KALISWARI INSTITUTE OF MANAGEMENT AND TECHNOLOGY SIVAKASI



(Approved by the AICTE and Affiliated to Madurai Kamaraj University, Madurai)
A.Meenakshipuram, Anaikuttam Post, SIVAKASI - 626 130, Virudhunagar District, Tamil Nadu

APPLICATION FOR MBA

Application No :

- Instructions:** 1) All the entries should be made in Block Letters and in the Candidate's own handwriting
2) Incomplete applications will be summarily rejected
3) Xerox copies of Mark Statements and other testimonials duly attested should be attached

1. Name (as in the +2 Mark Sheet) :

2. Date of Birth
(As in the SSLC Mark Sheet) :

3. Gender : Male Female Transgender

4. Father's Name :

5. Nationality :

6. Religion :

7. Community : OC BC MBC
DNC SC ST

8. Caste :

9. Blood Group :

10.a) Name and subject of the degree :

b) Reg. No. :

c) College last studied :

d) Period of Study :

e) Name of the University :

f) Year of passing with percentage of marks /

(If waiting for result, % of marks till the penultimate Semester/Year)

Affix a recent
Passport Size Photo

11. Scores obtained in any of the following is essential.
(Enclose a photocopy of the entrance test admit card)

1. TANCET	:	
2. CAT	:	
3. MAT	:	
4. Common Entrance Test	:	
(For admission under Management Quota)		

12. Occupation of the Parent :

13. Yearly Income of Parent :

14. Whether accommodation is needed in the Hostel?

Yes

No

15. Physically Challenged
(If yes, attach details)

Yes

No

<p style="text-align: center;">Address to which communication is to be sent</p> <p>.....</p> <p>.....</p> <p>PIN Code :</p> <p>Phone No:</p>	<p style="text-align: center;">Permanent Address</p> <p>.....</p> <p>.....</p> <p>PIN Code :</p> <p>Phone No :</p> <p>Mail id :</p>
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16. Furnish the details of work experience, if any after graduation (not including the period of training)

Name and address of the organisation where employed	Designation	From (Month & Year)	To (Month & Year)	Total Period

Declaration by the Student

I declare that the particulars given above are correct and that I shall, if admitted abide by the rules and regulations of the Institute.

Station :

Date :

Signature of the Candidate

Declaration by the Parent/Guardian

Particulars given above are correct. I declare that the candidate will abide by the rules and regulation of the Institute.

Station :

Date :

Signature of Parent / Guardian

FOR OFFICE USE

CERTIFICATES SUBMITTED

Degree	Marks Statement	Transfer	Conduct	Community
Sports	Blood Group	SPL Category	Allotment Order	Entrance test Mark

Date of admission :

Verified

Signature of Staff

PRINCIPAL / DIRECTOR

Details of Fee	Receipt No.	Date	Initial of the Cashier	Admission No.
Registration Fee				
Tuition Fee & Special Fee				