

Application Form No



APPLICATION FORM for ADMISSION



Shiksha Vihar, ASBM Bholā, Chandaka, Bhubaneswar- 754 012
Phone : 0674 - 2374824/ 825

E-Mail : admission@asbm.ac.in | Website : www.asbm.ac.in

Mobile No.

8. Name and Address of legal Guardian (If both parents are not alive)

(In block letters)

PIN CODE

Phone with
Area Code

9. Mother Tongue _____

10. Gender (Tick whichever is applicable)

Male

☐

Female

☐

11. Religion _____

12. Marital Status _____

13. Category (Tick whichever is applicable)

General

OBC

SC

ST

14. Nationality _____

15. Citizenship _____

16. Whether physically challenged (Tick)

Yes

☐

No

☐

if Yes, please state the nature and extent of handicap _____

SECTION C Education & Experience

17. Educational Details

Name of the Examination	Board/ University	Name of the College/ Institute	Year of Passing	Major Subjects	Class/Hons Distinction	% of Marks
i. Matriculation /HSC Examination/ Equivalent						
ii. +2/ Higher Secondary/ Equivalent						
iii. B.A./ B.Sc./ B.Com/ B.Sc. (Ag.) / B. Tech/ Equivalent						
iv. PG Degree/ Diploma, Specify if any						
v. Any other (Specify)						

vi. Have you undergone any Course/Training in Computer ? Specify Duration _____

Institution _____

Degree/ Diploma _____

Year/ Month of Passing _____

17. Work Experience in chronological order. Attach separate Sheet, If necessary.

Designation	Name of the Organisation	Period of Service		Nature of the Job
		From (Date)	To (Date)	

SECTION D Other Information

18. Have you appeared any Entrance Examination ? (Please tick)

MAT ☐

CAT ☐

Any other (specify)

if yes. mention your Roll No. / Registration No. _____ Month/ Year _____

Percentile Score _____

19. Please mention the source from which you came to know about ASBM University.

a) Newspaper _____ b) Magazine _____ c) Through friends _____

d) Any other _____

20. Hobbies _____

21. If you have represented your University / State / Country in any sports, give details. _____

22. Occupation/ Designation of

Father _____

Mother _____

23. Total Annual Income of the household (gross) _____

24. In case of emergency, please contact Mr./ Ms. _____

Tel. Number (R) _____ Tel. Number (R) _____

Relationship with _____

DECLARATION

I declare that the information furnished in this application are true to the best of my knowledge and belief and I understand that my application may be rejected and admission cancelled if any information provided herein is found to be incorrect at any time.

Place :

Signature of the Candidate (in full)

Please enclose copies of the following documents and tick the items.

- | | |
|---|--------------------------|
| 1. High School Certificate and Mark Sheet | <input type="checkbox"/> |
| 2. +2/ HSC Certificate and Mark Sheet | <input type="checkbox"/> |
| 3. Graduation (B.A., B.Sc., B.Tech etc) Certificate and mark Sheet | <input type="checkbox"/> |
| 4. Evidence of Date of Birth (Only if HSC certificate does not provide date of birth) | <input type="checkbox"/> |
| 5. Caste Certificate if applicable | <input type="checkbox"/> |
| 6. Physically challenged certificate, if applicable | <input type="checkbox"/> |
| 7. Sports participation certificate if applicable | <input type="checkbox"/> |
| 8. College Leaving Certificate | <input type="checkbox"/> |
| 9. National Eligibility test score card (if applicable) | <input type="checkbox"/> |
| 10. Any other, Please Specify _____ | <input type="checkbox"/> |
| Total number of documents attached | <input type="checkbox"/> |

FOR OFFICIAL USE

Mr/ Ms has been selected for Admission into..... Programme. He / She has deposited the registration fee of (Rs.) onVide Demand Draft / Banker's Cheque No. Datedrawn in favour of

Admission Permitted / Not Permitted

Admission Officer

Associate Dean, Admission



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