

Application Form No ... ..



# APPLICATION FORM for ADMISSION



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

**E-Mail : [admission@asbm.ac.in](mailto:admission@asbm.ac.in) | Website : [www.asbm.ac.in](http://www.asbm.ac.in)**

No. ....

STUDENT NUMBER

[Grid for student number]

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### APPLICATION FORM

INSTRUCTION : The application form has to be filled in clearly and legibly in your own handwriting. Incomplete forms may be rejected.

#### SECTION A Preference

NAME OF THE PROGRAMME

Paste your coloured passport size photograph

#### SECTION B General Information

1. Name of the Candidate (in block letters) [Grid]

2. Father's Name [Grid]

3. Mother's Name [Grid]

4. Date of Birth [Grid] D D M M Y Y Y Y

5. Address for Correspondence (in block letters) (in words)

[Grid for address]

District [Grid] State [Grid]

PIN CODE [Grid] Phone with Area Code [Grid]

6. E-mail Address [Grid]

7. Permanent Address (in block letters) [Grid]

PIN CODE [Grid] Phone with Area Code [Grid]

Mobile No. [Grid]

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

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

**Admission Permitted / Not Permitted**

**Admission Officer**

**Associate Dean, Admission**



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