INSTITUTE OF AGRI BUSINESS MANAGEMENT

(ICAR Accredited)

SWAMI KESHWANAND RAJASTHAN AGRICULTURAL ÚNIVERSITY, BIKANER-334006 (INDIA)

Phone: 91-151-2252981, Email: admissions@iabmbikaner.org

APPLICATION FORM

For Admission to MBA (ABM) XXV Batch (2024-25)

•	•	BM Application form with demand count and a contact number (Land/		ess	
Name of the Candidate:				ste	
Father's Name:				ur	
Mother's Name:				est	
Date of Birth:				oto	
Gender: Male/Female/	Others (Specify	y):			
Address of Correspond	dence:	Permano	Permanent Address:		
Country :		Country	Country :		
State :		State:	State:		
City:			City:		
Street:			Street:		
Pin Code:			Pin Code:		
E-mail Address:					
Mobile Number:		Phone N	Phone Number (Alternating No):		
Aadhaar Number :					
Category of Candidate	e: Gen/OBC/SC	/ST/PWD/MBC/EWS			
Application Category:	Regular R	egular and Payment both			
Sponsorship (Yes/No)	:				
Entrance examination	name and Regis	stration No.:			
Demand Draft /NEFT	:				
Bank Name:		D.D Num	ber/NEFT Transaction No.:		
Date: Amount:					
Education Qualification	on:				
Name of	Passing	D 1011	Marks (%)/OGPA/CGPA	Remarks	
Examination	Year	Board/University/Institute	Obtained	(If any)	
Class X					
Class XII					
Bachelor's Degree					
(OGPA upto					
VI/VII Semester)					
Master's Degree					
Any Other					

I declare that information given above is true and complete in all respects.

Place:

CAT/MAT/CMAT

Date: Signature of candidate