INSTITUTE OF AGRI BUSINESS MANAGEMENT

(ICAR Accredited and AICTE Approved)

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

Phone: 91-151-2252981/82), Email: director@iabmbikaner.org

Self

Signature of candidate

APPLICATION FORM

For Admission to MBA (AB) XXth Batch (2019-21)

Last date for receipt of completed IABM Application with demand draft/NEFT is 31-January-2019	
Candidate must maintain an e-mail account and a contact number (Land/Mobile) through the selection process	SS

Application Form Nu		Self		
Name of the Candida		Attested		
Father's Name:		photo		
			<u> </u>	
		fy):		
Mobile Number: Phone Number: Category of Candida Application Category	te: Gen/OBC/S0 y: Regular □	Country State: City : Street: Pin Code	ent Address:	
		sistration No.:		
		D.D Numl		
Date:				
Education Qualificat				
Name of Examination	Passing Year	Board/University/Institute	Marks (%)/OGPA/CGPA Obtained	Remarks (If any)
Class X				
Class XII				
Bachelor's				
Degree				
Any Other				
I declare that information	ation given abov	ve is true and complete in all respects.		

Place:

Date: