

# 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

## APPLICATION FORM

**For Admission to Ph.D. (AB) IX<sup>th</sup> Batch (2019-20)**

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

Application Form Number: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Male/Female/Others (Specify): \_\_\_\_\_

Address of Correspondence:

Country: \_\_\_\_\_

State: \_\_\_\_\_

City: \_\_\_\_\_

Street: \_\_\_\_\_

Pin Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Category of Candidate: Gen/OBC/SC/ST/PWD \_\_\_\_\_

Demand Draft /NEFT : \_\_\_\_\_

Bank Name: \_\_\_\_\_ D.D Number/NEFT Transaction No.: \_\_\_\_\_

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Education Qualification:

Name of Examination	Passing Year	Board/University/Institute	Marks (%)/OGPA/CGPA Obtained	Remarks (If any)
Bachelor's Degree _____				
Master's Degree _____				
Any Other _____				

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

Place:

Date:

Signature of candidate

Self  
Attested  
photo