

# INSTITUTE OF AGRI BUSINESS MANAGEMENT

(ICAR Accredited)

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

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

## APPLICATION FORM

For Admission to Ph.D. (AB) XII Batch (2022-23)

Last date for receipt of completed IABM Application form with demand draft/NEFT is 31.03.2022

Candidate must maintain an e-mail account and a contact number (Land/Mobile) through the selection process

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 (Alternating No): \_\_\_\_\_

Aadhaar Number : \_\_\_\_\_

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

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 (OGPA upto 3 <sup>rd</sup> & 4 <sup>th</sup> Semester)				
Any Other _____				

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

Place:

Date:

Signature of candidate

Paste  
your  
latest  
photo