

A F F I X
R E C E N T
S T A M P
S I Z E
P H O T O G R A P H

APP. ON.: MBA- _____

CAT/MAT Score - _____

REG. NO.: _____

COURSE APPLIED FOR: **MBA(WBUT)**

NAME (IN BLOCK LETTER): _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

PERMANENT ADDRESS: _____

_____ PIN CODE: _____

PHONE NO.: _____ E-MAIL: _____ MOBILE NO.: _____

PRESENT ADDRESS: _____

_____ PIN CODE: _____ PHONE NO.: _____

DATE OF BIRTH: _____ NATIONALITY: _____ CATEGORY: GEN/SC/ST/OBC/OTHERS

(Attach age proof.) (Attach no objection certificate or police clearance certificate, if not Indian) LANGUAGE

KNOWN (Mother tongue first): _____ BLOOD GROUP: _____

| Examination | Institution | Board / University/ Council | Passed In | Subject | % |
|---------------------------|-------------|-----------------------------|-----------|---------|---|
| 10 th / Equiv. | | | | | |
| 10 + 2 / Equiv. | | | | | |
| Graduation | | | | | |
| Masters | | | | | |
| Others | | | | | |

(Attach attested photocopies of all Mark Sheets and Certificates.)

ADDITIONAL INFORMATION

Other Hobbies: _____

SOURCE OF INFORMATION ABOUT PCMT (PUT THE TICK MARK BELOW) :

WORD OF MOUTH POSTERS / BANNERS FAIR/CAMP HOARDING

NEWS PAPER ADD OTHER SOURCES NAME OF THE NEWS PAPER _____

ARE YOU PLANNING TO TAKE EDUCATION LOAN YES NO

WHICH PAYMENT MODE YOU WOULD LIKE TO OPT FOR: YEARLY SEMESTER

DO YOU WANT TO STAY IN HOSTEL AT CAMPUS ? YES NO

(If yes collect Hostel Application Form)

RECOMMENDATION BY A CURRENT STUDENT OF PCMT (NAME): _____

RECOMMENDATION BY SOMEONE FROM THE INDUSTRY (NAME): _____

Declaration:

1. I hereby declare that the information provide by me is true & subject to verification by PCMT.
2. I hereby agree to have seen, read and completely understood the rules & regulations and other information as supplied in the PCMT before my admission.
3. I hereby agree to follow all the rules & regulations as specified in the student hand book which may be modified from time to time, if I am granted admission.

Signature of Father / Guardian

Signature of Student

Date:

Date:

All Correspondence related to admission may be made to "The Admission Office, PCMT" at:

Campus:

Bengal Pailan Park, Phase I, off. D.H. Road,
Kolkata 700 104, Phone: 9836911117,033-24535605
Fax: 033-24978238

City Office:

Express Tower, 1st Floor, 42A Shakespeare Sarani,
Kolkata 700 017, Phone: 22836918-20
Fax: 22836921

For Office Use Only

| | DATE | RESULT | CONDUCTED BY |
|------------------|------|--------|--------------|
| WRITTEN TEST | | | |
| INTERVIEW | | | |
| GROUP DISCUSSION | | | |
| FINAL RESULT | | | |

| Check List | | | |
|-----------------------|-----|--------------------------|-----------------------------|
| All document attached | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Photograph attached | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

| Payment Status | | | | |
|---------------------------------|--------------------------|--------|--------------------------|----------|
| Pattern of Payment | <input type="checkbox"/> | Yearly | <input type="checkbox"/> | Semester |
| Admission Fees Paid | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Payment Complete to start class | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hostelite? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Signature of Academic counsellor

For Submission: Duly filled-up form along with Rs. 1000/- by cash or Rs. 1050/- by DD in favour of "PAILAN EDUCATIONAL TRUST" payable at Kolkata to the above stated addresses.