

No :

Dr. N.S. KOLLA SCHOOL OF BUSINESS

14-37-23, Gokhale Road, Visakhapatnam – 530 002

Ph: 0891-2531/2567392

Website : www.drnsk.com e-mail: drnsk@email.com

**APPLICATION FOR ADMISSION INTO TWO-YEAR FULL-TIME
POST GRADUATE DIPLOMA IN BUSINESS MANAGEMENT (PGDBM)
(AT PAR WITH MBA)**

1. Name of the Applicant (In Block Letters)

Surname / Last Name		Male / Female
First Name		

Affix
Photo
With Signature

2. Father's / Guardian's Name _____

3. Profession: _____ If Employee, Designation :

Organisation : _____ If Business man, Nature of Business

4. Permanent Address (Block Letters)
(Block Letters)

_____ Pin : _____

5. Address for Correspondence

_____ Pin : _____

Phone : (R) : _____

(O) : _____

Phone : (R) : _____

(O) : _____

6. Date of Birth

Day	Month	Year

 Place of Birth/District :

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7. Nationality/ Religion :

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8. Education Qualifications :

Qualification	Year & Medium	Name of the University / Institution	Class Obtained (Rank if any)	Percentage
S.S.C. / Matric				
Inter / PUC				
B.A./B.Sc./B.Com./B.E./B.C.A/ B.B.M				
Any other Qualifications				

9. Languages Known: (Read, Write & Speak)

10. Industrial / Business Experience if any give details: _____

11. Marks obtained in the qualifying examination/Qualifying Degree:

	Total Marks Obtained	Total Max. Marks	Percentage
First Language (English) (All Years Combined)			
Second Language (All Years Combined) (Specify the Language)			
Group Subjects (All Years Combined)			

12. **Enclosures:**

- a. A copy of the Rank Card or Rank Memo in ICET/MAT or other entrance examination.
- b. A copy each of the Provisional/Original Degree, Transfer Certificate and Marks lists of the qualifying examination.
- c. A copy of the S.S.C or equivalent qualification.

- d. A copy of the Date of Birth certificate.
- e. Three recent passport size photographs; and
- f. Demand Draft for Rs. 300 in favor of “**Dr. N.S. KOLLA SCHOOL OF BUSINESS, Visakhapatnam**”.

I hereby declare that the particulars furnished above are correct. I am aware that my admission is liable to be cancelled in case any information furnished by me is found to be incorrect. I am also aware of the rules, regulations and instructions given in the brochures.

Place :

Date :

Applicant

Signature of the

FOR OFFICE USE

Date :

Director/Correspondent