



GHANSHYAM BINANI ACADEMY OF MANAGEMENT SCIENCES

APPLICATION FOR REGISTRATION TO BBA PROGRAMME

Form No.

Registration No.Test Score

Affix Self
Attested
Pasport size
Photo

1. Name : Mr./Ms.
(In Capital)

2. Date of Birth

D	D	M	M	Y	E	A	R
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Place of Birth

3. Father's /Husband's Name : Mr.

Occupation : _____

4. Mother's Name : Mrs.

Occupation : _____

5. Present Address

6- State : _____ Pin Code

Mobile

7- Telephone (with STD Code)

8. Permanent Address

Pin Code Mobile

E-mail : _____

Telephone (with STD Code)

9. Gross Annual income of the family Rs.

10. Category : Gen SC ST OBC PH Other

11. Academic Record

Examination	Board/University	Stream Sc/Arts./Com.	Year of Passing	Marks obtained	% age	Division
Intermediate						
Secondary School						
Professional Course (If Any)						

12. Extra - Curricular Activities _____

13. From which source did you come to know about GBAMS

Friend/ Relative Ex- student
 Advertisement If yes, Specify _____
 Other If yes, Specify _____

Note : Incomplete form will not be entertained.

DECLARATION

I _____ hereby solemnly affirm that particulars given above are true and correct to the best of my knowledge and belief. Any discrepancy found afterwards any severe action including eviction from the academy can be taken against me and I will not have any objection .

Date : _____

Place : _____

(Signature of the student)

LIST OF ENCLOSURES (In proper sequence)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

(Signature of Admission coordinator)

(Signature of Father/Guardian)

Signature of Director



GHANSHYAM BINANI ACADEMY OF MANAGEMENT SCIENCES

BBA ENTRANCE EXAMINATION

ADMIT CARD

Form No.
 Name of the candidate _____
 Father's/Mother's Name _____
 Gender _____ Date of Birth _____
 Examination Center _____
 Roll No. _____
 Exam Date : _____ Time : _____

Affix Self
Attested
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Sign. and Seal of Director

Candidate's Signature