

Application form no.



National Institute of Business Studies

NATIONAL INSTITUTE OF BUSINESS STUDIES

Enrollment Form

ACADEMIC SESSION

ENROLLMENT NO.

APPLICATION FOR

SPECIALIZATION

COUNSELLOR

PERSONAL INFORMATION

STUDENTS NAME*

FATHER'S NAME*

DATE OF BIRTH*

NATIONALITY*

GENDER*

MARITAL STATUS*

CONTACT INFORMATION

CORRESPONDENCE ADDRESS*

PERMANENT ADDRESS*

EMAIL ID*

OFFICE NO.*

PERSONAL NO.*

RESIDENTIAL NO.*

PERSONAL INFORMATION

S.NO	EXAMINATION PASSED	UNIVERSITY/ BOARD	DIVISION	PASSING YEAR
1.	METRIC			
2.	S.S.C			
3.	DIPLOMA			
4.	GRADUATION			
5.	POST GRADUATION			

WORK EXPERIENCE INFORMATION

APPLICATION'S PROFESSION (Please Tick)

Full Time Service

Part Time Service

Self Employed

Unemployed

S.NO	ORGANIZATION NAME	TOTAL W.EXP	DESG.	YEAR

PERSONAL INFORMATION

TOTAL FEES OF THE COURSE*

DEDUCTION*

FEES AFTER DEDUCTION*

FEES PAID*

INSTALLMENT 1*

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INSTALLMENT 2*

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INSTALLMENT 3*

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I declare that above information furnished by me is correct to the best of my knowledge. I also understand that if any of my above statement are found to be untrue. I may be disqualified from the course. I undertake that I shall abide by the rules and regulations of the institution.

Date :

Student Signature: