



ADMISSION APPLICATION FORM

(Read Instruction to fill the Application Form)

D. D. No. _____ Date _____

Form No. _____

Issuing Bank _____

(D. D. should be made in favour of Course Director, MIB payable at Udaipur)

Name _____

Father's Name _____

Address _____

Contact No. _____ (M) _____

Email Address _____

Date of Birth _____

DD

MM

YYYY

Category (tick the appropriate box) General SC ST OBC

Degree (tick the appropriate box) BCom BBM BSc BA Other

Qualification:

Examination	Board/ University	Year	%
Sec./High School			
Sr. Hr. Sec./Equivalent			
Bachelors Degree Sc./Com./Arts/Engg.			
Master's Degree			

Centre Choice :

1. _____ 2. _____ 3. _____

Recent
Passport
Size
Photograph



Strengths

1. _____ 2. _____ 3. _____

Weakness

1. _____ 2. _____ 3. _____

Career Goal

Any Other Information

Declaration

I declare that the information given by me in this application form is true and complete in all respects to the best of my knowledge. I understand that the suppression of fact or false information may lead to cancellation of this application form. I also hereby agree to comply with the rules of the university, if admitted .

Place _____ Date _____

Signature of applicant with name

Instructions

1. Use BLUE BALL POINT PEN to fill the form.
2. Use English Capital Letters.
3. Do not staple pin, wrinkle, scribe, tear, wet or fold this sheet.
4. Written Exam Centre may be your nearest city if sufficient candidate's appear from that city.

Last date of Submitting Application Form

Forward this form to :
Course Director, MIB
University College of Commerce and Management Studies
Mohanlal Sukhadia University, Udaipur - 313001 (Rajasthan)
Ph. No : 0294-2414598, Mob. : 9414811064



MASTER OF INTERNATIONAL BUSINESS
 MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR



CENTRE CARD

Roll No. _____
 (Allotted by department)

Form No. _____

Admit _____

Son / Daughter of _____

EXAMINATION CENTRE _____
 (Allotted by Department)

EXAMINATION DATE Saturday, 26 June, 2010

TIME 9.30 am - 11.00 am

Recent
 Passport
 Size
 Photograph

Full signature of the Candidate

Signature of Invigilator

**Full signature of the Candidate
 to be taken in the examination hall**



MASTER OF INTERNATIONAL BUSINESS
 MOHANLAL SUKHADIA UNIVERSITY, UDAIPUR



ADMIT CARD

Roll No. _____
 (Allotted by department)

Form No. _____

Admit _____

Son / Daughter of _____

EXAMINATION CENTRE _____
 (Allotted by Department)

EXAMINATION DATE Saturday, 26 June, 2010

TIME 9.30 am - 11.00 am

Recent
 Passport
 Size
 Photograph

Full signature of the Candidate

This admit card must be produced at the time of written test, group discussion and personal interview.

ADMISSION CARD