



No.....

RVS Institute of Management Studies & Research

Trichy Road, Sular, Coimbatore – 641 402

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E-mail: rvsimsr@rvsgroup.com Website: www.rvsimsr.ac.in

Affix your
Passport size
Photograph

Name of the Candidate
(*in block letters*) _____

APPLICATION FORM

MASTER OF BUSINESS

ADMINISTRATION (FULL TIME)

2011 - BATCH

For University Purpose (To be filled by Students)

Name : _____

Community : _____

Cast : _____

Religion : _____

Nationality : _____

Gender : _____

Previous Degree and University : _____

Month and Year of Passing : _____

Marks Secured in UG : _____

Maximum Mark in UG : _____

Register Number in UG : _____

SECTION C - OTHER INFORMATION

21. Have you taken MAT/TANCET Examination? **YES / NO**

If yes, please furnish the following detail:

TANCET: Roll No..... Form No..... Composite Score.....

MAT: Registration No..... Percentage.....

22. Please state briefly, why you want to pursue Business Management Programme.

- 1.
- 2.
- 3.
- 4.

23. Why would you like to join RVS IMSR?

- 1.
- 2.
- 3.

24. Do you require Hostel Accommodation? **YES / NO**

25. If you have participated in any sports at Dist/State/National level, give details.....
.....

26. Person to be contacted for Emergency, Mr/Ms/Mrs.....
Res. (Phone No).....Office (Phone No).....
Relationship with you.....

DECLARATION

I certify that the information furnished in this application are true to the best of my knowledge. My application may be rejected and admission shall be cancelled if any information provided herein is found to be incorrect at any time even after admission.

Place:

Date :

Signature of the Candidate (in full)

Please enclose the original copies of the following documents and tick in the corresponding boxes.

UG Provisional Certificate

UG Consolidated Mark Statement / Individual Mark Sheets (_____ Nos.)

Transfer Certificate

Migration Certificate (Other than Bharathiar University Students)

Score Cards TANCET MAT

Total number of documents attached

I have submitted the above original certificates to this institution on _____.

Name and Signature of the Candidate

FOR OFFICE USE ONLY

Certificates Verified & Received by:

Name :

Signature :

Date :

Director