

IMMANUEL BUSINESS SCHOOL

APPLICATION FORM

Form No: 501

Affix
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here

Personal

	First Name	Middle Name	Last Name
<input type="checkbox"/> Mr	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Standard		Date of Birth	Nationality
Height	Weight	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mandatory E-mail Address

<input type="text"/>

Correspondence Address (For all communication including letter of admission)

<input type="text"/>	Telephone (Include STD)
<input type="text"/>	Home _____
City: _____ Pin: <input type="text"/>	Mob. _____
State: _____	

Accommodation (Only for Noida Campus)

Will you be requiring Hostel Accommodation ? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Office use only

<input type="checkbox"/> DD Recieved Campus..... Signature.....

Permanent Address
(If different from correspondence address)

		Telephone (Include STD)
		Home _____
City: _____	Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mob. _____
State: _____		

Family at Immanuel Business School

Have any of your family members studied/worked with IBS ? Yes <input type="checkbox"/> No <input type="checkbox"/>
If, Studied, Name _____ Programme/Campus _____ Year _____
If, worked, Name _____ Programme/Campus _____ Year _____
What is the relation to you _____

Enclosures Check List
(Incomplete forms will be rejected)

<p>Listed below is each item which must accompany this form. To ensure prompt and accurate processing of your application, check each item you are enclosing with the application.</p> <p><input type="checkbox"/> Photograph</p> <p><input type="checkbox"/> Photocopy of Educational Marksheets</p> <p><input type="checkbox"/> Others (Please specify) _____</p> <p style="text-align: center;">Details of Payment of Form</p> <p><input type="checkbox"/> Cash Receipt No. _____ Date _____</p> <p><input type="checkbox"/> DD No. _____ Bank _____ Date _____</p>

Signature

<p>I hereby certify that the information given in the Application (All relevant Forms) is complete and accurate. I understand and agree that misrepresentation of omission of facts will justify the denial of admission, the cancellation of admission, of expulsion.</p> <p>I have read and do hereby to the Terms & Conditions for Admission being enclosed with the Application Form.</p> <p>Signature: _____ Date: _____</p>

IMMANUEL BUSINESS SCHOOL

APPLICATION FORM

Applicant

	First Name	Middle Name	Last Name
<input type="checkbox"/> Mr			
<input type="checkbox"/> Ms			

Family Information

Family Member	Name	Age	Qualification	University	Occupation/ Organisation	Designation
Father						
Mother						
Spouse						
Brother/ Sister						

Educational Qualifications

(Attach photocopies of all academic marksheets with the form, from Class X onwards till last completed semester/year. If the system of marking of your school/college is on grading pattern, convert grade into marks/percentage as applicable and attach proof of conversion.)

In absence of any marksheet your form will be rejected.

Name of School	City	Years attended	Main Subjects/Stream	Percentage Obtained
Class 10		From:		
		To:		
10 + 2		From:		
		To:		
* Kindly give your class XII Board name & Roll no., if result is not declared.				
Board Name _____ Roll No. _____				

Name of College/ University	City	Years attended	Name of Degree	Percentage Obtained	
Graduation		From:		Semester	Year
				1	1
		2		1	
		3		2	
		4		2	
		5		3	
		6		3	
		7		4	
		8		4	
		9		5	
		10		5	
		11		6	
		12		6	
		Avg.		Avg.	
Post Graduation (If applicable)		From:		1	1
				2	1
		3		2	
		4		2	
		5		3	
		6		3	
					Avg.

Have you ever been suspended, dismissed or put on academic probation or warning at any school or college ?

Yes No If "Yes" please explain on a separate sheet or paper.

**Awards/
Achievements,
If any (Last 2)**

Name	Received when	For what

**Professional
Courses**

Institution	Course	Full/Part Time	Dates Attended	Qualification Given

**Employment
History
(If applicable)**

Work Experience ? Yes No

If "Yes", total years of work experience Years Months

Details of current/last job

Organisation Name: _____

Address of Organisation: _____

City _____ Tel: _____

Dates

From

To

Full -Time Part-Time

Last Designation:

Last Salary Drawn:

**Additional
Information**

(any other
information you
would like to
share)
