



Institute of Science, Poona's
INSTITUTE OF BUSINESS MANAGEMENT AND RESEARCH

Approved by AICTE, Permanently Affiliated to Savitribai Phule Pune University, NAAC Accredited

Survey No. 130, Mumbai Bangalore Highway, Wakad, Pune-411057

Email Id : director@ibmrpune.in Website: www.ibmrpune.in

ADMISSION FORM

Affix recent
Passport Size
Photograph

Academic Year: 20____ - 20____ **CAP Application ID** _____

Admission Allotment: ☐ CAP (I/II/III/IV/EWS/TFWS) ☐ Against CAP ☐ Inst. Level

Applying for Discipline: ☐ F.Y.-M.B.A ☐ S.Y.-M.B.A

❖ PERSONAL DETAILS

Name of Candidate _____
 (Surname) (First Name) (Middle Name)

Date of Birth: ____/____/____ **Gender:** ☐ Male ☐ Female ☐ Other

Religion: _____ **Caste:** _____ **Sub-Caste:** _____

Category: ☐ SC ☐ ST ☐ VJ ☐ NT ☐ OBC ☐ SBC ☐ SEBC ☐ EWS ☐ OPEN ☐ PWD

Place of Birth: _____ **Taluka:** _____ **District:** _____

Nationality: _____ **State of Domicile :** _____

Minority: ☐ Yes ☐ No **If Yes:** ☐ Linguistic ☐ Religious **Blood Group:** _____

Physically Handicap: ☐ Yes ☐ No **Marital Status:** ☐ Married ☐ Unmarried

Mobile No.: _____ **WhatsApp No.:** _____

Email ID: _____

Aadhaar No. _____ **ABC / APAAR ID** _____

Father's Name: _____ **Mother's Name:** _____

Occupation: ☐ Business ☐ Service ☐ Other _____ **Annual Income:** _____

Father's Contact No.: _____ **Mother's Contact No.:** _____

Permanent Address: _____

Present (Local) Address: _____

❖ SPECIALIZATION PREFERENCE (Please tick one option)

- ☐ Marketing Management ☐ Finance Management ☐ Human Resources Management
☐ Business Analytics ☐ Operations & Supply Chain Management
☐ Agri-Business Management ☐ Pharma & Healthcare Management

❖ **EDUCATIONAL DETAILS**

Sr. No.	Course	Institute Name	University / Board	Passing Month & Year	Exam Seat No	Marks Obtained	Out of	Grade/ CGPA /SGPA/ %
1	10 th							
2	12 th							
3	Graduation							
4	CET							
5	MBA-Sem I							
6	MBA-Sem II							
7	Any other							

❖ **Original and attested true copies of following Certificates are attached with Application form** (Tick mark in the boxes provided)

- | | | | | | |
|--|--------------------------|---|--------------------------|---|--------------------------|
| • FC Conformation Letter | ☐ | • Birth Certificate | ☐ | • Caste Certificate (if applicable) | ☐ |
| • CAP Allotment Letter | ☐ | • Nationality & Domicile | ☐ | • Caste Validity Certificates (if applicable) | ☐ |
| • CET Result /Score Card | ☐ | • Transfer Certificate | ☐ | • Non-Creamy Layer | ☐ |
| • 10 th Mark sheet | ☐ | • Migration Certificate (if applicable) | ☐ | • EWS Certificates (if applicable) | ☐ |
| • 12 th /Diploma Mark sheet | ☐ | • Gap Certificate (if applicable) | ☐ | • Aadhaar Card Xerox | ☐ |
| • Graduation Marksheet | ☐ | • Income Certificate | ☐ | • Apaar ID Xerox | ☐ |
| • Percentage Conversion Certificate | ☐ | • Marriage Certificate (if applicable) | ☐ | • PAN Card Xerox | ☐ |
| • MBA I Year Marksheet | ☐ | • PG Mark sheet | ☐ | • Any Other | ☐ |

Declaration by Candidate:

I, _____, declare that I have read and understood the admission rules of the Institute and the Government of Maharashtra. I confirm that the information provided in my application is true to the best of my knowledge. I have filled this application form for consideration for admission to the First/Second Year of MBA at the Institute.

I further declare that I will pay the prescribed admission fees for enrolment in the MBA program. I understand that my admission is provisional, subject to verification of documents and fulfilment of eligibility conditions by the statutory authorities.

Admission Date: _____

Yours sincerely,

Signature of the applicant

For Office Use only

Verified By _____

Signature: _____

Seal/Stamp

Director,

IBMR., Wakad, Pune