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| App       | lication Form   | for Admission to N             | /IBA/MCA                      |                          |
|-----------|---|--------------------------------|-------------------------------|--------------------------|
| PLEAS     | Please  |                                |                               |                          |
|           |   |                                |                               | Affix Your<br>Photograph |
| Name      |   |                                |                               | Here                     |
| Age       |   | Date of Birth                  |                               | _                        |
| Sex       |   | Nationality                    | Blood Group                   |                          |
| Religion  |   | Caste                          |                               |                          |
|           | f Parent/Guardian                                     |                                |                               |                          |
| Occupa    |   |                                | Annual Income                 |                          |
| Perman    | ent Residential Address                               |                                |                               |                          |
|           |   |                                |                               |                          |
| Phone N   | No. with STD code                                     |                                | Contact Mobile No.            |                          |
| Address   | s to which communication                              | has to be sent                 |                               |                          |
|           |   |                                |                               |                          |
|           |   |                                |                               |                          |
| Educa     | ation Profile   |                                |                               |                          |
| S1. No.   | Qualifying Examination<br>(Please Specify the degree) | Name of Institution/University | Year of Passing               | % Marks/Grade            |
| 1. P.G.   |   |                                |                               |                          |
| 2. Degre  | ee:   |                                |                               |                          |
| 3. Plus-  | two:  |                                |                               |                          |
| 4. S.S.L. | .C.   |                                |                               |                          |
| Techn     | ical Expertise  |                                |                               |                          |
| Sl.No.    | Name of the Course<br>(Please give details)           | Name of Institution/Organisat  | ion Period of Study Year of I | Passing % of marks       |
| 1.        |   |                                |                               |                          |
| 2.        |   |                                |                               |                          |
| 3.        |   |                                |                               |                          |
| 4.        |   |                                |                               |                          |
| Worki     | ng Experience   |                                |                               |                          |
| Sl.No.    | Name of the Institution<br>Organisation               | n/ Designation/Position        | held Period of Employment     | Reasons for leaving      |
| 1         |   |                                |                               |                          |
| 2         |   |                                |                               |                          |
| 3         |   |                                |                               |                          |
|           |   |                                |                               |                          |

| Extra Curricular Activities |   |  |                              |                     |  |  |
|-----------------------------|---|--|------------------------------|---------------------|--|--|
| Sl.No.                      | Specify the Item (E.g.:Sports Volleyball, Art-Folk Dance etc. | Name of Institution/University  ) participated | Year of Participation        | Prizes Received     |  |  |
| 1                           |   |  |                              |                     |  |  |
| 2                           |   |  |                              |                     |  |  |
| 3                           |   |  |                              |                     |  |  |
| 4                           |   |  |                              |                     |  |  |
| Acad                        | lemic Achievements (E.g. L                                    | Degree rank holder, Publications, Red          | cipient of merit scholarship | p etc.)             |  |  |
| Sl.No.                      |   | pecify the AchivementsName of Insti            |                              | Year of Achivements |  |  |
| 1                           |   |  |                              |                     |  |  |
| 2                           |   |  |                              |                     |  |  |
| 3                           |   |  |                              |                     |  |  |
| 4                           |   |  |                              |                     |  |  |
| MBA                         | /MCA Entrance Score Det                                       | ails (Please Specify)                          |                              |                     |  |  |
|                             | aration by the Applicant                                      |  |                              |                     |  |  |
|                             | y declare that the above mentione                             | ed information are true and correct to         | the best of my knowledge     | and belief.         |  |  |
| Place                       |   | Signature of the Applicant                     |                              |                     |  |  |
| Date                        |   | Name   |                              |                     |  |  |
| Decla                       | aration by the Parent/Gua                                     | rdian  |                              |                     |  |  |
| I hereb                     | by declare that the above mentione                            | ed information given by my ward are            | true and correct             |                     |  |  |
| Place                       |   | Signature of the Parent/Guardi                 | an                           |                     |  |  |
| Date                        |   | Name   |                              |                     |  |  |