



APPLICATION FORM

Asian Business School

Approved by AICTE (All India Council for Technical Education)
Ministry of HRD - Govt. of India

Please help us process your application promptly and correctly by completing this form. Incomplete or incorrect information could delay the processing of your application. Please write clearly in BLOCK letters. The Application should include the following



Form No.

Course Applied For : **Post Graduate Diploma in Management : PGDM (AICTE APPROVED)**

CAT Score (Percentile)

Enrolment No.

MAT Score (Composite)

Enrolment No.

XAT Score (Composite)

Enrolment No.

ATMA Score (Composite)

Enrolment No.

Graduation Stream / Percentage

Full Name (Mr./Ms./Mrs.)

Date of Birth

(DD)

(MM)

(YY)

Blood Group

Mobile No.

E-mail

Present Residential Address

City

State

Pin

Permanent Residential Address

City

State

Pin

Father's/Husband's Name

Tel.

Mob.

E-mail

Profession

Mother's Name

Tel.

Mob.

E-mail

Profession

Father's/Mother's/Husband's
Organisation & Address

Tel.

E-mail

Annual Family Income (Gross)

Nationality

ACADEMIC QUALIFICATIONS

Examination	Name of School/College	Location	Board/University	Year of Completion	Score
Class X					
Class XII					
Graduation Degree (B.E. B.Tech B.Sc. B.Com. B.A. BCA BBA BBM Others) : _____ Hons Pass					
If Completed					
If Pursuing-1 st Year					
2 nd Year					
3 rd Year					
4 th Year					
Post Graduation _____					
If Completed					
If Pursuing-1 st Year					
2 nd Year					
3 rd Year					

Note :

If you are awarded grades, please convert them into percentage of marks and if provided, please state the formula given by University for conversion.

EXPERIENCE DETAILS, if any

Period	Name of Organisation	Location	Job Responsibilities	Gross Annual Salary

Note :

Please provide attested copies of work experience certificates.

EXTRA CURRICULAR ACTIVITIES / SPORTS (with details of prizes won, if any)

Why do you want a career in Management and why do you think you are suitable for it ? (Answer in 100 words)

Do you require hostel accommodation ? Yes No

Do you require educational loan ? Yes No

Do you have a passport ? Yes No **If yes, Passport number**

Passport Issue Date (DD) (MM) (YY)

Passport Expiry Date (DD) (MM) (YY)

NAMES AND FULL ADDRESSES OF THE REFERENCES

Reference 1		Reference 2	
Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Telephone No.	<input type="text"/>	Telephone No.	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
Email ID	<input type="text"/>	Email ID	<input type="text"/>

DECLARATION BY THE APPLICANT

- (i) I declare that the particulars given above are correct to the best of my knowledge and belief.
- (ii) I solemnly affirm to agree and abide by the rules & regulations of Asian Business School, submit myself to disciplinary control of the Dean, Asian Business School and fulfill my financial obligations towards the school. I fully understand that the decision of Dean, Asian Business School in all matters, will be final and binding on me.

Dated:

Place:

(Signature of the applicant)

I hereby permit my ward to join Asian Business School and will support his / her education at the school financially and in all other manners.

(Signature of the Parent / Guardian)

HEALTH CERTIFICATE

MEDICAL INFORMATION MUST BE SUBMITTED WITH THE APPLICATION FOR ADMISSION

(All Information is confidential and will be used only to determine whether the applicant is able to safely handle the demands of the teaching and training)

Name (Block Letters) Mr./ Ms Date of Birth

Present Residential Address

Telephone No.(s) (Mobile) (Landline)

Person to be notified in an emergency

Name (Block Letters) Mr./ Ms

Present Residential Address

Telephone No.(s) (Mobile) (Landline)

Relationship with the applicant

Family Doctor or Clinic, if any, to be consulted in an emergency

Name (Block Letters) Mr./ Ms

Present Residential Address

Telephone No.(s) (Mobile) (Landline)

Is the applicant covered by any medical insurance scheme? If so, give details

Signature of the applicant

THIS SECTION TO BE COMPLETED BY APPLICANT'S PHYSICIAN

Note : Physical and emotional strains in the profession and its education and training make it essential that specific replies to the following questions are given:

	YES	NO	
1. Does the applicant require or take any medication(s) or drug(s) regularly? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	I have examined Mr./Ms. <input type="text"/> on <input type="text"/> and found the general condition of health to be <input type="text"/>
2. Does the applicant have any serious disability of: (a) Vision. If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Name of the Physician <input type="text"/>
(b) Hearing. If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Address <input type="text"/>
3. Has the applicant ever been treated or hospitalised for drug abuse or emotional or psychological illness? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Regn. No. <input type="text"/>
4. Does the applicant have any condition which might limit participation in the physically active classes? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>	Tel No. (Clinic) <input type="text"/> (Mob.) <input type="text"/>
			Place & Date <input type="text"/>
			<input type="text"/>
			Signature of the Physician <input type="text"/>
			Official Seal <input type="text"/>

**CERTIFICATE FROM GAZETTED OFFICER/LEGISLATOR TO BE
ATTACHED WITH THE APPLICATION FOR ADMISSION**

I have known Mr.Ms.

S/o D/o

R/o

who is seeking admission to Asian Business School, Noida for the past years. To the best of my knowledge and belief he/she

bears a good moral character.

Passport Size

Photograph

to be pasted here

Signature

Name

Designation

Tel No. (Mob) (Landline)

Date

Official Seal

NOTE: Applicant must paste one recent passport size photograph on the space provided for it and the Gazetted officer/Legislator should attest the photograph with one half of the signature on the photograph and the other half on the form, with the official seal.

How did you learn about the course for which you are applying ? (Please tick whichever is applicable)

Family Friend Educational Institute

Newspaper Website Hoardings

Name of Newspaper

Other Source (please specify)

CHECK LIST OF DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION FOR ADMISSION (Please Tick)

- | | |
|---|--|
| <input type="checkbox"/> Class 10th Mark sheet | <input type="checkbox"/> 2 Passport size Photographs |
| <input type="checkbox"/> Class 12th Mark sheet (If available) | <input type="checkbox"/> Health Form (If applicable) |
| <input type="checkbox"/> Undergraduate Mark sheet (If applicable) | <input type="checkbox"/> Demand draft of ₹ 1000 |

Please Return Complete Application Form Along With a Demand Draft of ₹1000/- as application fee drawn in favor of "Asian Business School" payable at Noida / New Delhi addressed to

**Asian Business School
Admission Cell**

Marwah Studios Complex - II
Plot A2, Sector 125
Noida (Delhi NCR) - 201303
India

After your application has been received, it will be processed within 7 working days by the admissions committee of Asian Business School.



Asian Business School

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Ministry of HRD - Govt. of India

Campus :

Plot A2, Sector 125, Noida-201303 (Delhi NCR), India

Website: www.abs.edu.in

Email: info@abs.edu.in