



INSTITUTE OF STRATEGIC BUSINESS MANAGEMENT (ISBM)
(affiliated to Dibrugarh University)

Address: Institute of Strategic Business Management (ISBM), Bldg. No. 53, Bhuban Road,
Uzanbazar, Guwahati -781001. www.isbm-g.com. Phone Number : 0361 2134121

Photograph

Form No.

(Application Form)

SESSION :

COURSE APPLIED FOR :

1. Name of the applicant
(in block letters)

2. Father's/Mother's/Husband's
name (in block letters)

3. Permanent Address :

4. Correspondence Address :

Contact No.

5. Nationality

6. Date of birth

7. Community (put tick ✓)

General

OBC

SC

ST

8. Name of the Institute last attended

9. Academic Qualification :

Exam Passed	Year	Class/ Division	Total Marks	% of Marks	Medium of study	University / Board
Graduation						
Higher Secondary (12th)						
H.S.L.C (10th)						
Others--						

10. Work Experience

Organization	Period of time	Designation

I, Mr/Miss/Mrs do hereby declare that all the particulars furnished by me in the application are correct and true in all respects. I am liable for cancellation of my admission at any point of time if any information provided in this Application form is found to be false and incorrect. I further declare that I will abide by the rules, regulations and orders of ISBM, Guwahati during my period of undergoing programme and I will be liable for any damage caused by me to any property in any form of the institute.

Further I also declare that I will abide by the rules and regulations prescribed by the University so as to make me eligible for the award of theDegree by the University. Moreover that while a student of the institute, I will not pursue any other course of study or hold part time/full time employment elsewhere without taking prior permission of the management. In any case decision of the management of ISBM, Guwahati will be binding and final.

Date :
Place :

Signature of the Candidate

I do hereby authenticate the above statements made by my son/daughter/wife are true.
I undertake to extend full financial support to him/her required for the whole course of study.
I also undertake that I will be responsible for the liability by him/her, if any.

Date :
Place :

Signature of Parent/Husband/Local Guardian

The following document are to be submitted :

1. A Character Certificate obtained from the Head of the Institute/College last attended.
2. Attested Photocopies of the Mark sheets, Certificate of H.S.L.C, HS and Graduation.
3. Two passport size Photographs(Colour).
4. SC/ST/OBC Certificate (if applicable).
5. Gap Certificate (if applicable).

N. B. All original testimonials must be produced at the time of Personal Assessment Test.
Completed Application Form with relevant documents must reach the office of the institute on or before notified date.

Selected for Admission to the 1st SemesterCourse, 20..... (vide Sl. No. of the selection List date) May be Admitted Date Admission Co-ordinator
ADMIT Director Date
Fees Received Rupees vide receipt no. Date Cashier