



Whether the Candidate is appearing for  Regular Examinations  Supplementary Examinations

Month & Year of Examination

H.T .No. 

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Name: ( As per S.S.C Certificate)																				

Father's Name: ( As per S.S.C Certificate)																				

Mother's Name: ( As per S.S.C Certificate)																				

Date of Birth (As per SSC): (DD/MM/YYYY)																				
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Contact No:																				
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Tick [ √ ] the appropriate box

Gender		
	Male	Female

Physically Handicapped (PH)		
	Yes	No

Caste								
	SC	ST	BC-A	BC-B	BC-C	BC-D	BC-E	OC

Course for which registration is required: Tick [ √ ] the appropriate box

1	20MBAP115	Operations Research	
2	20MBAP116	Strategic Management	
3	20MBAP505	International Business	
4	20MBAP401	Security Analysis and Portfolio Management	
	20MBAP415	Digital Marketing	
	20MBAP408	HR Analytics	
5	20MBAP402	Financial Derivatives	
	20MBAP416	Retail Management	
	20MBAP409	Industrial Relations and Labour Codes	
6	20MBAP403	Corporate Tax Planning	
	20MBAP417	Consumer Behavior and CRM	
	20MBAP410	Human Resource Planning	
7	20MBAP405	International Financial Management	
	20MBAP419	Logistics and Supply Chain Management	
	20MBAP412	International HRM	
8	20MBAP433	Big Data Analytics	
	20MBAP406	Financial Institution Markets and Services	
	20MBAP420	Brand Management	
	20MBAP413	Organizational Change and Development	
9	20MBAP434	Predictive Analysis and Modeling	
	20MBAP601	Rural Immersions (Practical)	
10	20MBAP602	Mini Project/Internship (Practical)	

Certified that the above information is CORRECT and filled by me.

Signature of the Candidate



