



Last date of submission : 22.06.2016

Date of Examination : 24.06.2016

RAJARSHI SCHOOL OF MANAGEMENT & TECHNOLOGY

UDAI PRATAP COLLEGE CAMPUS VARANASI-221002 (U.P.)

(Affiliated to Mahatma Gandhi Kashi Vidyapeeth, Varanasi)

Ph.: 0542-2281061, 2280674 • web. : www.rsmt.ac.in

It's where you want to be.

Application form

No.

Course Applied for

BBA

First Name

Name Mr./Ms.
(In Block Letters)

Middle Name

Sir Name

Father's Name

Mother's Name

Date of Birth

Day Month Year Gender : (M/F)

Address
(For Correspondence)

Contact No.

1. _____ 2. _____ Pin Code

E-mail

_____ Religion _____ Category: SC/ST/OBC/GENERAL

Local Address

Permanent Address

Educational Qualification

Name of Examination	Passing Year	% Marks Obtained	Division	School/ Institution	Board/ University
1. High School	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____
2. Intermediate	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____
3. Graduation	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____
4. Other	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	_____	_____

Declaration by Applicant

- I hereby declare that the information given by me in this form is correct to the best of my knowledge and belief. I have not concealed any fact or information and I duly possess the minimum prescribed qualification. I understand that in case anything is found contradictory or false, my admission shall be cancelled. In such case, the entire responsibility will be mine.
 - I shall abide by the rules, syllabus, examination scheme etc., as prescribed and may be prescribed by the University from time to time.
 - I have never been prosecuted or convicted by any criminal court.
 - I have understood that RSMT is not responsible for any kind of postal delays.
- All subject to the jurisdiction of Varanasi Court only.

Date _____

Place _____

Signature of Guardian

Signature of Applicant



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Verification form

Roll No. _____

Course Applied for

BBA

Name Mr./Ms.
(In Block Letters)

First Name

Middle Name Sir Name

Father's Name

Mother's Name

Date of Birth

Day Month Year Gender : (M/F)

Address
(For Correspondence)

Contact No.

1. _____ 2. _____ Pin Code

Test Centre

Candidate's Signature in Examination Hall-

Date	Time	Paper	Candidate's Signature	Invigilator's Signature

Candidate is to sign this form in front of invigilator

_____ Centre Superintendent



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Admit Card

Roll No. _____

Course Applied for

BBA

Name Mr./Ms.

Father's/Husband's Name

Test Centre

Date

Time

Affix self attested
Passport size
Photograph

Candidate's Signature

Centre Superintendent