



INSTITUTE OF AGRIBUSINESS MANAGEMENT

(Under CARD Society, registered under Societies Act 1860)

D-159 Sector 63, Noida (NCR) Ph : 0120-4221143, 4541392

e-mail : info@iabm.in president@iabm.in Web site : www.iabm.in

APPLICATION FORM

READ CAREFULLY BEFORE FILLING UP THE FORM

- i) To be filled by the Candidate only in **CAPITAL** letters
- ii) Keep one box blank between each word.
- iii) Application should be completed in all respect.
- iv) Affix recent coloured photographs in the space provided.
- v) Incomplete forms will not be entertained.
- vi) Send application form through Speed Post/Regd. Post/Courier only .
- vii) For submission of form for MABM, please enclose demand draft of Rs-100/- in favor of "Institute of Agribusiness Management" payable at Noida.

Affix one coloured
passport size
photograph

(✓) Please Tick the program Applied For

Regular Courses.

- i) Master in Agribusiness Management (2 year semester based regular, face to face program)
- ii) Post Graduate Diploma in Agri- Inputs Management(1 year semester based regular, face to face program)
- iii) Certificate Program in Agribusiness Management (Specialization in Retail/Agri-Inputs)
(6 Months regular face to face program)

Distance Learning Courses

- i) Diploma in Agribusiness Management (1 Year Distance Learning Program)
- ii) Certificate Program in Agribusiness Management (Specialization in Retail/Agri-Inputs)
(6 Months Distance Learning Program)

1) Personal Data:

Name of the applicant: (Keep one box blank between each word) :

Mr ./ Ms.

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Date of Birth (DD/MM/YY):

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c) Gender: Male Female (Tick Appropriately)

d) Marital Status: Married Unmarried (Tick Appropriately)

e) Nationality :

f) Father's / Guardian's Name:

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g) Approx annual Family Income (in Rs.):

2. ACADEMIC PROFILE OF APPLICANT: (Please attach self attested Xerox copy of supporting documents & proof of date of Birth)

Examination	University/Board	Year of Passing	Subjects Offered	Marks in % age
High School				
Intermediate				
Graduation				
Others				

3. **CO-CURRICULAR ACTIVITIES, HOBBIES & INTERESTS:** (Please indicate special achievements & Awards, if any)
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4. **ADDRESS FOR CORRESPONDENCE**

City:

Pin Code:

5. **CONTACT INFORMATION :**

a) STD Code:

b) Telephone Number:

c) E-mail Address:

6. **CENTRE OPTED FOR ENTRANCE TEST :**

(New Dehi, Pune, Hyderabad, Bangalore)

1st Choice

2nd Choice

3rd Choice

(The management have the right to cancel any centre due to administrative reason)

7. **LODGING AND BOARDING FACILITY REQUIRED DURING COURSE :**

YES / NO

8. **HOW DID YOU KNOW ABOUT THE INSTITUTE ?**

Friends & Relatives

Advertisement

Faculty

Website

Alumni

Others Specify

9. **Name of person, if referred by....."**

UNDER TAKING BY CANDIDATE

1. I declare that the information given by me in this application form is true to the best of my knowledge. In the event of any information being found false or incorrect or omission of fact in my application at any stage will justify the denial of admission, expulsion from the programme and disciplinary action may be taken by the Institute as deemed fit against me.

Place :

Date :

Signature of Candidate