Gauhati University, Guwahati

Attested by Gazetted Officer / Director of Academic Partner

REGISTRATION CUM ADMISSION FORM FOR THE SESSION _____

Write in Block letters with Ball Point Pen only. Do not write out side the box. Do not use the photocopy of the form. No column should be left blank.

BBA (Industry Integrated™) ☐ **MBA(Industry Integrated™)** ☐

Academic Partner's Name and City

Candidate's Full Name

Father's Name

Father's Occupation

Mobile No.

Mother's Name

Mother's Occupation

Mobile No.

Date of Birth (DD/MM/YYYY)

Nationality

Gender M ☐ F ☐

Permanent Address

Corresponding Address

Telephone no with STD Code (Residence)

Mobile No.

E-Mail

Blood Group

Do You belong to SC/ST/OBC/MOBC? If yes, please mention _____

Academic Qualifications

Exam Passed	University Name	Stream	Year	Marks Obtained	% Obtained

Registration Fee DD Details (in favour of Registrar, Gauhati University (IIP), Payable at "Guwahati")

DD NO DD Date (DD/MM/YYYY) DD Amount

Name of Bank

Course Fee DD Details (in favour of Registrar, Gauhati University (IIP), Payable at "Guwahati")

DD NO DD Date (DD/MM/YYYY) DD Amount

Name of Bank

Candidate is required to attach the following documents with the form (Original and Attested Photocopies)

MBA(Industry Integrated™)	BBA(Industry Integrated™)	Originals	Photocopy
Graduation Marksheets (1 / 2 / 3)	12th Marksheet	☐	☐
Graduation Provisional Certificate	Or		
Or	12th Pass Certificate	☐	☐
Graduation Degree	Migration Certificate	☐	☐
Migration Certificate		☐	☐
State Govt. / University / CAT / MAT Score Card		☐	☐

Declaration

I _____ hereby declare that I have read and understood the criteria of eligibility for the programme to which I seek admission. I fulfill the minimum eligibility criteria and have provided necessary information in support of it. Also, I have read and understood the important instructions given and I hereby declare that I will abide by them during the course. In the event of any information found incorrect my application/admission shall be liable for cancellation at any time and I shall not be entitled to claim refund of fee paid by me.

Director
Academic Partner
(With Seal)

Candidate Signature
Date

(For Office Use Only)

Roll No.

Examination Centre

Result

Admission Granted ☐

Admission Rejected ☐

Signature