

CAMS
CONSPI ACADEMY OF MANAGEMENT STUDIES
 Plankalamukku, Industrial Estate P.O, Thiruvananthapuram-695 019
 Phone: 0471- 2492948, 3296684, 2492967 (Fax)

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ADMISSION TO THE MBA PROGRAMME

Year Applied :

Name with initials (In Block letters)	
Name of Parent/guardian with relationship	
Address for communication with Phone No.	
Name and address of local guardian if any with Phone No.	
Nationality	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth in Christian Era	DD MM YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Community/Caste/Religion	
Occupation and annual income of parent	
Name of the College last studied	
Qualifying Examination passed with Register No. and year of passing	
Aggregate % of marks obtained in the qualifying examination	
Name of Entrance Examination with Rank No and Roll No	
Category of admission desired	Merit <input type="checkbox"/> Quota <input type="checkbox"/> Management Quota <input type="checkbox"/>
Do you need Hostel Accommodation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you need Transportation to the College & back	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) Whether cost of application & Registration fee paid (Rs500/-)	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Mode of payment	Cash <input type="checkbox"/> D/D <input type="checkbox"/> No

DECLARATION

I hereby solemnly affirm that the statement made and information furnished in my application as also in all the enclosures there to, submitted by me are true. I declare that, I will, if admitted, abide by the rules and regulations of the College.

Place
Date

Signature of the applicant

Note: 1. Fill in every column without fail. Defective applications will be rejected

FOR OFFICE USE ONLY

Admission No:

Application No

Course - MBA

Admitted on:

Director