



REGIONAL COLLEGE OF MANAGEMENT

Chakadola Dham, Chandrasekharpur, Bhubaneswar - 751023, Odisha

STUDENT APPLICATION FORM BBA

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Photograph

01. Name of the Candidate in full : _____
(BLOCK letters)
02. Father's Name : _____
(BLOCK letters)
Occupation : _____
03. Address for Correspondence : _____

State: _____ Dist: _____ Pin: _____

04. Date of Birth of Candidate : _____ (in figures)
05. Whether belongs to SC/ST/ : _____
Gen./OBC/Minority
- Telephone Number (Father): _____
- Mobile Telephone No.(Student): _____
- Email : _____

06. Educational Background

Sl. No.	Examination & Year of Passing	Name of the Board/University	Divn./ Class	Total Marks	Marks secured	% of Marks
01.	HSC/ICSE/CBSE/ Others					
02.	+2 Sc./Com./Arts ICSE/CBSE/CHSE					

07. Hostel Preference : Yes/No

DECLARATION

I,..... declare that the information given by me in this application is true and correct to the best of my knowledge. My application may be rejected and admission cancelled, if any information given herein is found to be incorrect or inconsistent at any time. I agree to strictly observe all the rules and regulations of the institute, if admitted.

Place:

Signature of the Candidate in Full

Date: