

**INDIAN BOARD OF
MANAGEMENT AND
SKILL DEVELOPMENT
EDUCATION**

2/34- Susila Nagar, IT Expressway
OMR, Chennai – 603 103.
Phone: 044- 42867372
Mobile: 98412 50211,90928 13877



Affix your
passport size
photo here

Reg No.

Date:

APPLICATION FORM

1. Name of the course you wish to join

2. Full Name (in Block Letter) _____

3. Name of father / Guardian / Husband _____

4. (a) Address for correspondence (in Block Letters) _____

_____ Pin Code _____

Phone No: _____ Email I.D: _____

(b) Permanent Address (in Block Letter) _____

5. (a) Date of Birth _____

(b) Age _____

(c) Nationality _____

(d) Sex _____

6. Academic Qualification:

7. Employment Record:

(a) Designation _____

(b) Office: Name & Address
With Telephone No.

(c) Period of Employment _____

8. Mention the Newspaper in which you saw our Institute Advertisement

9. I declare that the particulars given above are correct and that I will, if admitted, abide by the rules & regulations of Indian Board of Management and Skill Development Education

Place: _____

Signature of the Applicant

Date: _____

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(For office use only)

Details about payment of fee

Cash Cheque

(a) Amount Rs. _____

(b) Name of the Bank _____

& cheque No.