



MBA TWINNING PROGRAMME
Where Innovation is a way of life
With
PONDICHERRY UNIVERSITY
(Central University)

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Passport Size
Photograph
With White
Background

APPLICATION FORM

No: 35, Museum Road, Bengaluru - 560 025 | Ph: 8762193728, Email: director@sjput.in

1. Name : _____ Male ☐ Female ☐
(in capitals as in Class X certificates)

2. Date of Birth : Nationality : _____
(Date) (Month) (Year)

3. Religion : Catholic (RC) ☐ Christian (other) ☐ Hindu ☐ Muslim ☐ Any other ☐
(specify) : _____

4. Category : General ☐ SC ☐ ST ☐ BC: 2A ☐ 2B ☐ 3A ☐ 3B ☐

5. Domicile : Karnataka ☐ Other States ☐ NRI ☐ Foreign ☐

6. Name of the Institution / College last attended _____

7. Course completed : B.Com. ☐ BBA ☐ B.E ☐ B.Sc ☐ B.A ☐ Others (specify) : _____

8. Percentage	Overall %	Course Subjects % (Excluding Languages)
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9. Educational Qualifications :

Sl. No.	EXAMINATION	BOARD / UNIVERSITY	YEAR	SUBJECTS
1.	10th (Secondary)			
2.	10+2 (Senior Secondary)			
3.	Graduation			
4.	Post Graduation			
5.	Any Other Qualification			

10. Name of the Course Applied

Rank the Following Course in order of Your preference
MBA in Finance <input type="checkbox"/>
MBA in Human Resources Management <input type="checkbox"/>
MBA in General <input type="checkbox"/>
MBA in Marketing <input type="checkbox"/>
MBA in International Business <input type="checkbox"/>

11. Father's / Guardian Name :

12. Occupation :

13. Address :

14. E-mail :

15. Mobile No :

16. Present Occupation :

a) Company Name

b) No. of Years Experience

c) Designation

17. Parmanent Address of the Candidate

Address :

E-mail :

Mobile No :

UNDERTAKING

I hereby declare that the information furnished is correct and authentic. My admission is liable for cancellation without reimbursement of fees in case of any false representation. I hereby promise that I will adhere to the following conditions, failing which the Director has the right to detain me from writing the University examinations.

- I will put in a minimum of 80% attendance in each subject
- I will abide by all the rules and regulations of the Institution

*Signature of the Parent / Guardian
with date*

*Signature of the Candidate
with date*

FOR OFFICE USE ONLY

Fee Paid: _____

Challan No _____ Date _____

Certificates Due : _____

Admitted to: _____

Date of Admission _____

Signature of the Director / Coordinator