

Sl No:

GOVERNMENT OF KERALA
COLLEGE OF ENGINEERING
THIRUVANANTHAPURAM – 695 016
DEPARTMENT OF BUSINESS ADMINISTRATION

**APPLICATION FORM FOR ADMISSION TO THE TWO YEAR
MASTER OF BUSINESS ADMINISTRATION PROGRAMME (EVENING)**

Please affix
Passport size
Photograph

1. Personal Data

- (i) Name in block letters.....
- (ii) Date of birth.....Age as on 1st January of the year of application.....
- (iii) Community and religion.....
- (iv) State whether you belong to SC/ST: Yes/No
- (v) Present residential Address
.....
..... Telephone (Office).....Res
- (vi) Permanent Address.....
.....
- (vii) Name and address of the present employer.....
.....

For Office Use:

Application No:
Roll No:

4. Personal statement

(i) Why do you want to join this course?

(ii) What are your special talents and abilities?

5. List of documents attached

(Please put a mark against each of the documents attached. Attach only true copies)

(a) Proof for age (Specify)

(b) Mark list of qualifying examinations.

(c) Course and conduct certificate from the Institute last attended

(d) Community certificate from a revenue officer not below
the rank of a Deputy Tahsilder (for SC/ST candidates)

(e) Experience certificate

(f) Any other documents (Specify)

(i)

(ii)

(iii)

Signature.....

Designation.....

6. Undertaking

(a) I agree to abide by the rules and regulations of the Department of the Business Administration, College of Engineering Trivandrum and declare that the particulars given in the application form and in all enclosures therein submitted by me are correct.

(b) If the information furnished therein is false, I realise that I am liable to criminal prosecution and also agree to forgo my seat.

Place.....

Date.....

Signature of the applicant

NO OBJECTION CERTIFICATE OF THE EMPLOYER

Certified that this organisation/Institution has no objection in Sri/Smt.....(Designation)..... pursuing a evening course for M.B.A. at College of Engineering, Thiruvananthapuram. He/She is working in the Department of/Section of this organisation for the last..... Years (as on 1st January of the year of application)

**Signature of the Employer
With Name and Designation**

(Office Seal)

(Office use only)

Application No.

Admitted/Not admitted

Professor/Head of the Department