

## Master of Business Administration (MBA) PT. RAVISHANKAR SHUKLA UNIVERSITY, RAIPUR (C.G.) REGISTRATION FORM FOR ADMISSION IN MBA (2021-2022)

## **REGISTRATION FORM**

| Examination                  | n Appeared                   |                            | I/CAI/XAI/AI     | MA SCC   | )KE:               | _ Date of CMA              | <b>A</b> 1/MA1/            | CAI/XAI/AIMA                                     |          |
|------------------------------|------------------------------|----------------------------|------------------|----------|--------------------|----------------------------|----------------------------|--------------------------------------------------|----------|
| 1.                           | NAME (                       | OF THE CAND                | IDATE            | :        |                    |                            |                            |                                                  |          |
| 2. NAME OF THE FATHER/HUBAND |                              |                            | :                |          |                    |                            | Affix recent passport size |                                                  |          |
| 3. MOTHER'S NAME             |                              |                            | :                |          |                    |                            |                            |                                                  |          |
| 4.                           | 4. DATE OF BIRTH             |                            |                  | :        |                    |                            |                            | photogra                                         | ıph      |
| 5.                           | 5. CATEGORY(GEN/SC/ ST/ OBC) |                            |                  | <b>.</b> |                    |                            |                            |                                                  |          |
| 6.                           | Gender:                      | MALE/FEMAL                 | E                | <b>:</b> |                    |                            |                            |                                                  |          |
| 7.                           | ARE YO                       | OU DOMICILE                | OF CHATTIS       | GARH?    | : YES              |                            | NO                         |                                                  |          |
| 8.<br>9.                     |                              | OU PHYSICALI<br>FICATIONS: | LY HANDICA       | PPED?    | : YES              |                            | NO                         |                                                  | ]        |
| DISCIP                       |                              | DURATION<br>OF COURSE      | BOARD<br>UNIVERS |          | YEAR OF<br>PASSING | MARI<br>OBTAINEI<br>OF MAI | O / OUT                    | PERCENTAGE<br>OF MARKS<br>UP TO 2 DEC.<br>PLACES | DIVISION |
| 10                           | ТН                           |                            |                  |          |                    |                            |                            |                                                  |          |
| 12                           | 2 <sup>TH</sup>              |                            |                  |          |                    |                            |                            |                                                  |          |
| GRADI                        | UATION                       |                            |                  |          |                    |                            |                            |                                                  |          |
| POST<br>GRADI                | UATION                       |                            |                  |          |                    |                            |                            |                                                  |          |
| OTHER                        | RS                           |                            |                  |          |                    |                            |                            |                                                  |          |
| 10.                          |                              | ETE POSTAL A               | ADDRESS FO       | R COMI   | MUNICATIO          | ON :                       |                            |                                                  |          |
| 11.                          | . PLACE                      | OF STUDY :                 |                  |          |                    |                            |                            |                                                  |          |
| 12.                          | . TELEPH                     | IONE/MOBILE                | :                |          | TELEPHON           | IE/MOBILE(                 | (Parents)                  |                                                  |          |
|                              |                              |                            |                  |          |                    |                            |                            |                                                  |          |
| 14.                          | . AADHA                      | R NO:                      |                  |          |                    |                            |                            |                                                  |          |
|                              |                              |                            |                  |          |                    |                            |                            |                                                  |          |

**DECLARATION** 

I have filled in the above information carefully, correctly and truthfully. I also solemnly affirm that I am the person whose details are given on this Registration form.

Date: Signature of the Candidate

## **IMPORTANT NOTES**

The preference will be given to written score for preparing merit as below mentioned order 1. CMAT 2. MAT 3. CAT 4. XAT 5. ATMA. Candidates. If vacant seats are still available, candidates shall be selected based on the merit in the qualifying UG exams as per guidelines of AICTE

- For SC/ST/OBC, 45% Aggregate Marks and for other 50% Marks in Graduation/PG.
- Currently issued Domicile and Caste Certificate is must and to be issued by appropriate authority of CG.
- SC/ST/OBC certificate of Chhattisgarh Government will be considered.
- Candidates are not allowed to be employed or enrolled any other course during the two years MBA programme. Any candidate claiming experience/ employment has to produce Two Years Leave certificate at the time of admission.
- 75% Attendance in class is essential to appear the semester examination.
- All the candidates/ students will be abided by the rules & regulations of Pt. R.S. University, Raipur regarding admission, examination and other related matters.
- Result of qualifying examinations must be submitted at the time of admission. I have read and agree on the above important notes:-

| Signa | ture of the Candidate |  |
|-------|-----------------------|--|
|       |                       |  |

• Downloaded from website <a href="www.prsu.ac.in">www.prsu.ac.in</a> till and submit it in the Institute.

| S.No | <b>Documents Required</b>                    | Submitted | Remark |
|------|----------------------------------------------|-----------|--------|
| 01   | 10 <sup>th</sup> Mark Sheet (Xerox)          |           |        |
| 02   | 12 <sup>th</sup> Marks Sheet (Xerox)         |           |        |
| 03   | Graduation Mark Sheet (Xerox)                |           |        |
| 04   | PG Mark Sheet (Xerox)                        |           |        |
| 05   | Transfer Certificate (Original Copy)         |           |        |
| 06   | Character Certificate (Original Copy)        |           |        |
| 07   | Gap Certificate Original (If required)       |           |        |
| 08   | Domicile Certificate (Xerox)                 |           |        |
| 09   | Caste Certificate ( SC/ST/OBC Candidate)     |           |        |
| 09   | University Admission Form/Prospectus         |           |        |
| 10   | Ragging Undertaking                          |           |        |
| 11   | Migration Certificate Original (if required) |           |        |
| 12   | Fee Receipt                                  |           |        |
| 13   | CMAT/MAT/CAT/XAT/ATMA Card                   |           |        |
| 14   | Aadhar Card (Xerox)                          |           |        |
| 15   | If any                                       |           |        |