

Columbia School of Management



City Office-Laxmi Plaza, Near Electricity Office,
Budhapara, Raipur (C.G.) 492001 Ph-0771-4004682, Fax: 0771-4004681

Name of Applicant :

Course Applied for :

Student / Employed :

Date of Birth :

Category :

Father's Name :

Father's Occupation :

Affix recent photo

MAT/CAT/XAT/Others (mention):

Composite Score / Percentile :

Education Details :

Qualification	University/Board	Year of Passing	Division	Percentage
PG				
Graduation				
HSC				
SSC				

Correspondence Address & Contact number:

Permanent Address & Contact number :

E-mail Id :

Declaration :

I declare that all information given by me in this application form is correct to the best of my knowledge and belief and I understand that false or incomplete information would cause invalidation of the application.

I shall abide by the rules and regulation of the institute. Follow the norms and condition of C.S.V.T.U. Bhilai.

Date:

Signature of Applicant:

Place:

Signature of Parents/Guardian:

CHECK LIST TO FILLED AND SENT ALONG WITH THE APPLICATION FORM

- **Attested copy of Prescribed Caste Certificate if you are SC/ST/OBC.**
- **Income Certificate.**
- **Character & Transfer Certificate.**
- **Attested copy of mark sheets.**
- **Attested copy of gap certificate (If applicable).**

BEST WISHES

COLUMBIA SCHOOL OF MANAGEMENT