

12. a) Father's/Guardian's Office Name
Address and Designation

b) Annual Income

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c) Email ID of Parent's/ Guardian's

13. Educational Background

Education	Marks Obtained	Percentage	Grading	Month & Year of Passing	Board / University	Name of the Institution
10th (SSC)						
12th (HSC)						
Any Other ()						

DECLARATIONS

I, hereby, declare that all information provided by me is true to the best of my knowledge and belief and that any discrepancy found, herein, will automatically imply cancellation of my admission to the Under Graduate Degree BMS Course. I am aware that my Admission to the Under Graduate Degree BMS Course is PROVISIONAL and is subject to the confirmation by University of Mumbai and related competent authority. I know that an incomplete Admission Form is liable to be rejected.

I agree to abide by the Rules and Policies of the Sheila Raheja School of Business Management and Research and I understand that they are binding on me.

Place: _____

Date: _____

Student's Signature: _____

Guardian's Signature: _____

FOR OFFICE USE ONLY

Receipt No.: _____

Admitted

Date.: _____

Amount.: _____

Director