Sheila Raheja School of Business Management & Research

(Bombay Suburban Art & Craft Education Society's)

Accredited by NAAC with B++ Grade

4th Floor, Raheja Education Complex, Kher Nagar,
Opp. Chhatrapati Shivaji Ground, Bandra (East), Mumbai- 400051.

Affix Recent Color Passport Size Photograph

BAMMC ADMISSION FORM

ACADEMIC YEAR: 2020-21

(USE BLOCK LETTERS ONLY)

HSC - STREAM

☐ ARTS ☐ COMMERCE ☐ SCIENCE ☐ DIPLOMA IN ENGINEERING ☐ OTHER - _____

1. Name of the Candidate
   - A) Surname
   - B) Own Name
   - C) Father's / Husband's Name
   - D) Mother's Name
   - E) Mother Tongue
2. Gender ☐ Male ☐ Female ☐ Others
3. Date of Birth ☐☐ ☐☐ ☐☐☐☐ Age:_____Years
   D D M M Y Y Y Y
4. Marital Status _____
5. Nationality _____ Religion _____
6. A) Category ☐ General ☐ Reserved
   B) Caste, if Reserved, kindly specify ☐ SC ☐ ST ☐ NT ☐ DT ☐ OBC ☐ Other _____
   C) Sub-Caste, if any, kindly specify _____
   D) Non-Creamy Layer Certificate ☐ Yes ☐ No
7. State of Origin
8. a) Address (Permanent)

   b) Address (Local)
9. Mobile No./ Phone No. (Residence)
10. E-Mail ID

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

b) Annual Income
Phone No. (Office) (Residence)
Mobile No. (Office) (Residence)

12. 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 BAMMC Course. I am aware that my Admission to the Under Graduate Degree BAMMC 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 summarily 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