



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.



BMS 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
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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)

Mobile No. (Office)

(Residence)

(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 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 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