

Form No.: _____

SRI SRI AGRIBUSINESS ACADEMY
21st Km, Kanakpura Road, Udaypura Post, Bangalore 560082
Phone: 28432965, 32950685 E mail – info.ssaba@gmail.com

Please affix
your recent
passport size
color
photograph
with signature
on photograph

**Application form for Admission to
Post Graduate Program in Agri-Business Management**

1. Name: _____
(Surname) (Name) (Father/Husband name)

2. Date of Birth: ___/___/____ (dd/mm/yyyy)

3. Gender: Male Female 4. Nationality: Indian Others

5. Address: _____

District: _____ State: _____ Country: _____ Pin: _____

6. Contact: Mobile: _____ Phone: _____ - _____ Fax: _____

E-mail: _____

7. Academic Record

Degree earned in graduation _____

| Examination | Year of Passing | University/Institution | Grand Total Marks | | Percentage % | Specialization |
|-----------------|-----------------|------------------------|-------------------|--------|--------------|----------------|
| | | | Obtained | Out of | | |
| SSC | | | | | | |
| HSC | | | | | | |
| Graduation | | | | | | |
| Post Graduation | | | | | | |
| Others | | | | | | |

8. Undertaking

I hereby declare that the particulars furnished in this application form are correct to the best of my knowledge and understanding. I have verified my eligibility to apply against category to which I have applied. I understand that in case any information furnished in this form is found to be incorrect or incomplete, my admission will stand cancelled. I further declare that I have read and understood all the instructions carefully and I will abide by all rules, ordinances, and the decision taken by admission committee of Sri Sri Agri Business Academy.

Place:

Date:

Applicant's signature

9. Enclosures

- School Leaving Certificate SSC mark sheet HSC mark sheet
 Graduation mark sheet Bachelor Degree certificate Post graduate mark sheet
 Post graduate degree certificate Medical fitness certificate Other: specify

DD No.

Dt. / /

Rs 500/- in favor of SSIASST Trust payable at Bangalore