

# College of Agribusiness Management

## G.B. Pant University of Agriculture & Technology, Pantnagar

### MBA Programme (2016-2017 Batch)

(Read Information Brochure carefully before filling up the form)

**Please retain photocopy of this Application Form with you.**

#### 1. PERSONAL DETAILS

Name: Mr. /Ms. \_\_\_\_\_ (In English)

\_\_\_\_\_ (In Hindi)

(As it appears in Official Records)

Id. No. (For students of GBPUA&T): \_\_\_\_\_

Blood Group: \_\_\_\_\_ Rh factor \_\_\_\_\_

Affix passport size  
color photograph

Do not sign on the  
photograph

CMAT Registration/Roll No. \_\_\_\_\_

CMAT Centre \_\_\_\_\_

Programme Applied For

1. MBA (Agribusiness) ☐

2. MBA ☐

3. Any of the above ☐

3(a) I Preference \_\_\_\_\_

3(b) II Preference \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

(Use Capitals)

Mailing Address (Use Capital Letters)

Permanent Address (Use Capital Letters)


State: \_\_\_\_\_ Pin: \_\_\_\_\_

State: \_\_\_\_\_ Pin: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail \_\_\_\_\_

Mob. No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Specify Date/Month/Year)

State of Domicile:

CATEGORY: General ☐

OBC ☐

SC ☐

ST ☐

CATEGORY: Regular ☐

Sponsored ☐

<b>2. ACADEMIC RECORD (Do not enclose any Certificate)</b>						
Examination Level	Qualification (Specify)	Major Subjects	Medium of Instruction	Board/University	Marks (%) /Grade	Year of Passing
SECONDARY SCHOOL						
HIGHER SECONDARY SCHOOL						
BACHELOR'S DEGREE*						
MASTER'S DEGREE						
PROFESSIONAL						

\* Final year Degree students are eligible to apply.

<b>Awards and Honours</b>		
Description of Awards/Honour	Year	Additional information, if any

### **3. COLLEGE/INSTITUTION YOU ARE CURRENTLY ATTENDING**

**(For Final Year Degree Students only)**

Name of the College/Institution : \_\_\_\_\_

Address : \_\_\_\_\_

University : \_\_\_\_\_ Pin \_\_\_\_\_

Course of Study : \_\_\_\_\_ (Please Specify)

Likely date of completion of Examination of Degree Course : \_\_\_\_\_

### **4. EMPLOYMENT DETAILS (if employed) (Start with current employment)**

Employer's Name & Address	Period of Service	Designation	Area of Work
Total Work Experience with present employer			

### **5. DECLARATION**

It is certified that I satisfy the eligibility requirements for Master of Business Administration Programme as stated in the Information Brochure and have furnished correct information. I also declare that I have read all the rules and regulations governing admission and fee payable to the G.B. Pant University of Agri. & Tech., Pantnagar.

Place \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

उत्तराखण्ड के अन्य पिछड़े वर्ग के लिए जाति प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी..... सुपुत्र/सुपुत्री श्री.....  
 निवासी ग्राम .....तहसील.....नगर.....जिला.....  
 उत्तराखण्ड की.....पिछड़ी जाति के व्यक्ति हैं। यह जाति उत्तराखण्ड लोक सेवा ) (अनुसूचित जातियाँ/ अनुसूचित जन जातियों तथा अन्य पिछड़े वर्गों के लिए आरक्षण ) अधिनियम, 1994 की अनुसूची-1 के अन्तर्गत मान्यता प्राप्त है।

यह भी प्रमाणित किया जाता है कि श्री/श्रीमती/कुमारी..... उक्त अधिनियम, 1994 की अनुसूची-2 (अधिसूचना संख्या-27/16/92-का0 2/1995 टी0सी0दिनांक 8 दिसम्बर, 1995 द्वारा यथा संशोधित) से आच्छादित नहीं हैं।  
 श्री/श्रीमती/कुमारी.....तथा अथवा उनका परिवार उत्तराखण्ड के ग्राम.....  
 तहसील .....नगर.....जिला.....में सामान्यता रहता है।

स्थान

हस्ताक्षर

दिनांक :

पूरा नाम

मोहर :

पदनाम

जिला अधिकारी/अतिरिक्त जिला अधिकारी/सिटी मजिस्ट्रेट/परगना  
 मजिस्ट्रेट/तहसीलदार

**Note: This Certificate will be acceptable only if it is issued after March 31, 2016**

अनुसूचित जाति/जनजाति प्रमाण पत्र

(अभ्यर्थी के जन्म जिले के जिला मजिस्ट्रेट/प्रथम क्लास मजिस्ट्रेट द्वारा प्रमाणित)

यह प्रमाणित किया जाता है कि श्री / कु. ....पुत्र/पुत्री श्री.....निवासी  
 गाँव / शहर .....तहसील.....जिला.....प्रदेश.....का  
 जन्म.....जाति में हुआ था और यह जाति अनुसूचित जाति/जनजाति आदेश (संशोधन) एक्ट 1956  
 के अन्तर्गत भारत सरकार/उत्तराखण्ड शासन / .....सरकार द्वारा मान्य अनुसूचित  
 जाति/जनजाति है।

दिनांक :

हस्ताक्षर :

स्थान :

नाम

अभ्यर्थी के हस्ताक्षर

मोहर

जिला अधिकारी/अतिरिक्त जिला अधिकारी /सिटी  
 मजिस्ट्रेट/परगना मजिस्ट्रेट/तहसीलदार

उत्तराखण्ड स्थायी निवासी के पुत्र/पुत्री प्रमाण पत्र

(उस जिले के जिलाधिकारी द्वारा प्रमाणित जिसका अभ्यर्थी निवासी है)

यह प्रमाणित किया जाता है कि श्री/श्रीमती.....पिता/माता श्री/कु0.....  
 उत्तराखण्ड .....गाँव/शहर .....तहसील.....जिला.....  
 के स्थायी निवासी है तथा श्री/कु0 .....अपने पिता/माता पर पूर्णतया आश्रित हैं।

दिनांक :

हस्ताक्षर जिला मजिस्ट्रेट

स्थान

नाम

अभ्यर्थी के पिता/माता के हस्ताक्षर

मोहर

उत्तराखण्ड सरकार द्वारा स्वीकृत प्रारूप में भी प्रमाणपत्र स्वीकार किये जायेंगे ।

**Note: This Certificate will be acceptable only if it is issued after 20<sup>th</sup> November 2001.**



## ANNEXURE – II

### FORMAT FOR MEDICAL CERTIFICATE

(TO BE OBTAINED FROM A CHIEF MEDICAL OFFICER/SUPERINTENDENT BASE HOSPITAL OF A DISTRICT)

<b>Name of Candidate</b>		<b>Age</b>		<b>Sex</b>	
<b>Father's Name</b>		<b>Category</b>			
<b>CMAT Reg./Roll No.</b>		<b>Percentile/Score</b>			
<b>To be filled in by the candidate</b>					

<b>L.T.</b>		<b>M.I.</b>		<b>V</b>	<b>Colour Vision</b>
				<b>I</b>	
<b>Height</b>	<b>Weight</b>	<b>Chest</b>	<b>Abdomen</b>	<b>S</b>	
				<b>O</b>	
				<b>N</b>	<b>Without Glass</b>
					<b>With Glass</b>

History	Operations Seizures	Kock's Asthma	Colic's Piles	BP Diabetes
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E	Pulse	Tonsil	DNS	Hernia
X				
A				
M	Pallor	L Nodes	CSOM	Hydrocele
I				
N				
A	Cardiovascular		CNS	
T				
I	Respiratory		GIT	
O				
N	Genitourinary		Others	
S				

Is the candidate physically handicapped : Yes/ No

If yes. Type of handicap (Please Tick) : Type – I: One leg defective or missing  
Type – II: One hand defective or missing  
Type– III: One hand and oneleg defective or missing

Any other type of handicap (Please Specify) :

Any other finding:

Final result. (Fit/ Unfit) for the admission to MBA programmes at College of Agribusiness Management, G. B. Pant University of Agriculture & Technology, Pantnagar, Uttarakhand.

Signature of Candidate

Signature of Lady Medical  
For Girl Applicants

Signature of Chief Medical Officer/  
Superintendent Base Hospital  
(with official stamp and date)

**AFFIDAVIT BY THE STUDENT FOR NON PARTICIPATION IN RAGGING**

1. I (full name of student with admission/registration/enrolment number) s/o d/o of Mr./Mrs./Ms. \_\_\_\_\_ having been admitted to \_\_\_\_\_ (name of the institution) \_\_\_\_\_, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
  - (a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - (b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
6. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this.....day of.....month of.....year

Signature of Deponent

Name.....

**VERIFICATION**

Verify that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (Place).....on this the (day).....of (Month).....,(Year).....

Signature of Deponent

Solemnly affirmed and signed in my presence on this the (day).....of (month).....,(Year).....after reading the contents of this affidavit.

**OATH COMMISSIONER**



**AFFIDAVIT BY PARENT/GUARDIAN**

1. I Mr./Mrs./Ms.\_\_\_\_ (full name of parent/guardian)\_\_\_\_ father/mother/guardian of, \_\_\_\_ (full name of student with admission/registration/enrolment number) having been admitted to (name of the institution) , have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.
2. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
3. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby solemnly aver and undertake that:
  - (a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
  - (b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this.....day of.....month of.....year

**Signature of Deponent**

Name.....

Address .....

Telephone/Mobile no..

**VERIFICATION**

Verify that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (Place).....on this the (day).....of (Month).....,(Year).....

**Signature of Deponent**

Solemnly affirmed and signed in my presence on this the (day).....of (month).....,(Year).....after reading the contents of this affidavit.

**OATH COMMISSIONER**