



ASPEE AGRIBUSINESS MANAGEMENT INSTITUTE
NAVSARI AGRICULTURAL UNIVERSITY
NAVSARI-396450 (GUJARAT)



Please affix your
recent passport
size colour
photograph

Application form for Admission to MBA (Agribusiness Management)
Academic Year: 2019-20

Application Form No.: _____ (For office use only)

1. **Name of the Applicant (in CAPITAL letters as per the Last Degree Certificate):**

2. **Birth Date:** ____/____/____ (DD/MM/YYYY) (Please attach proof of the Birth Date)

3. **Nationality:** Indian Others

4. **Domicile:** Gujarat Domicile (Native of Gujarat) Other State

5. **Category** : ST SC NT SEBC GEN EWS

6. **Physically Challenged?** : YES NO

7. **Mailing Address (in CAPITAL letters):**

8. **Permanent Address (in CAPITAL letters):**

9. **Contact:** Mobile: _____ Phone: _____ E-mail: _____

10. **Academic Record** (Please attach attested copy of supporting documents):

Graduation Degree Passed	Specialization (if any)	Year of Passing	University	OGPA / Percentage

Final year students who expect to receive Final Result before the date of admission are also eligible to apply.

11. Awards/Achievements in Sports or Cultural Activity (Attach attested copy of supporting documents):

Description of the Award / Achievement	Event and Awarding Institution	Year	Additional Information, if any

DECLARATION OF STUDENT

I hereby affirm that the information given by me in this application form is complete and true to the best of my knowledge and that I have made this application with the consent and approval of my parent / guardian. In the event of my being admitted to the college, I undertake to abide by disciplinary rules and regulations regarding course curriculum and academic standards as may be prescribed by the University from time to time.

I further declare that I have read and understood all the instructions carefully and also understand that if the information provided by me in the application is found to be incorrect or false and if the application is entertained through oversight, inadvertence or any other reason; my application will be rejected upon detection at any stage.

SIGNATURE OF THE APPLICANT

Name: _____

DECLARATION OF PARENT / GUARDIAN

I certify that the information given by my son / daughter / ward in this application form is complete and true. If my son / daughter / ward _____ is admitted, I shall bear all the expenses and shall take all necessary steps to see that he / she abides by the rules and regulations of the University. The steps taken by the University Authorities for contravention of rules / regulations by my son / daughter / ward will be acceptable to me.

Date:

SIGNATURE OF PARENT / GUARDIAN

Place:

Name: _____