NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA, SURATHKAL



MANGALORE-575 025

Registration No. (for office use only)

Particulars of D.D. drawn

Application for Admission to M.B.A. (Master of Business Administration) Programme 2016-18

	1	Name of the issuing Bank	
		Orawn at	
	I	D.D. No d	ated _//
	I	RsCategory	y: GM / SC / ST / OBC / PC (Tick mark the appropriate)
Ins	structions:		
1.	Fill your address in the address slips supplied and l	Registration Memo supplied.	
2. Enclose self-attested photo copies of marks card and other documents.			A 60"
Affix attested rec			Passport size photo
	Late/incomplete applications and applications with Last date for receiving filled in application is 01.03		
	1. Name of the Candidate in full (in Block Lett as mentioned in the Degree Certificate):	ers	
	2. Address of the applicant (with pin code):	Permanent :	_
	For Correspondence:	,, ¬, ,	
	,, ⁻ ,,		
		Telephone with STD Code : Mobile No. : email:	
	3. Name and address of Father/Mother (or Guardi if the parents are not alive, state relationship of Guardian)		
	Occupation of Father/Mother/Guardian Annual Income		

5. a. Relig	ion of the Cand	lidate:				
Caste/Subcaste b. Do you belong to Scheduled Caste/Tribe/Of (If yes, enclose a copy of the Caste Certification competent Revenue Authority)				/ No ST / OBC		
c. Place	e of domicile:					
d. Nati	ionality:					
		Physically Challengery of a medical certif		Yes / Medical Officer)	No	
6. Date of Birth (Copy of the Supporting document to be enclosed) In Figures: Day Month Year In Words: Invalid						
7. Academic Record: BE/B.Tech/B.A./ B.Com./ BCA/ B.Sc./B.B.M./if any other a. i. Qualifying Examination Passed: specify						
ii. I	Institute where	he/she studied :				
F	Period of study:		From <u>//</u>		to <u>//</u>	
iii. U	University	:				
b. Mark	s obtained in the	ne Qualifying Exami	nation (Bachelor's I	Degree):		
		Year of Passing	Marks obtained	Max. Marks	Percentage	Class/ Division
I Year	I Sem.					
1 Teal	II Sem.					
II Year	III Sem.					
II I Cai	IV Sem.					
III Year	V Sem.					
III Tear	VI Sem.					
IV Year	VII Sem.					
	VIII Sem.					
		ing percentage of randominutes in the second second be taken into a		mesters) of quali	ifying examina	ation, only FIRST
8. CAT-20)15:	Score		F	Percentile	
(Enclose	e a Copy of the	CAT-2015 Score Ca	urd)			
9. GMAT-	-2015:	Score		F	Percentile	
(Enclose	e a Copy of the	GMAT-2015 Score	Card)			
10 0 0	001 <i>51C</i> MAT 2	015 Hall Ticket/ Ad	mit Cand/Tast Dawis	tuation No		

11. Duration the employer	of Work Experience: Ye	ars and months	(Enclose a certificate from		
Sl. No.	Name of the Organisation	Designation	Number of years and months		
12. Clearly s	pecify your choice of Place of MBA Sel	ection Process NITK, Sura	athkal		
		Nev	v Delhi		
	may please note that they need to be ca change of centres after the application is		ntres. We shall not entertain		
	DECLARATION	OF CANDIDATE			
I hereby de	I hereby declare that to the best of my knowledge, the particulars furnished in this application are correct.				
I am willin	I am willing to forfeit the seat secured for the course, if any information provided by me is false.				
	for admission, I promise to abide by the gulations that govern the programme of stud		Rules of the Institute, and the		
Place:					
Date:			Signature of candidate		
Documents (s	self-attested photo copies) to be enclosed on.	(original to be submitted a	t the time of admission) with		
1. Copy of the	e Marks Card of Qualifying Exam (all years / all	semesters)			
2. Photo copy	of Hall ticket/Admit Card CAT- 2015/GMAT-	2015.			
3. Copy of the	Copy of the CAT/GMAT 2015 Score Card.				
4. S.S.L.C./ Σ	X Std. Marks Card (for Date of Birth).				
5. Certificate	by employer ascertaining the duration of Work	Experience.			
6. Caste Certi	ificate issued by competent authority for SC/ST	or OBC.			
7. Certificate	for the Physically Challenged, if applicable.				

CERTIFICATE

To be submitted by final year Bachelor's Degree students who are yet to complete the Qualifying examination

This is to certify that the applicant (name)	
is a bonafide student of this institution (name)	
studying in final year BE/B.Tech/B.A./ B.Com. / E	BCA/ B.Sc./B.B.M./if any other specify
during the academic year	
Seal of the Institution	Signature
Date:	Head of the Institution/Principal

NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA

SURATHKAL, MANGALORE- 575025, KARNATAKA STATE.

Date:..... 2016

REGISTRATION MEMO.

Ref: Applic	tion for admission to M.B.A. Programme 2016-18	
	your application for admission is noted below, which must be quoted in ation. No notice will be taken of any communication or document sent by	
Registration Number:		
M.B.A/2016-2018	Asst. Registrar (Academic)	
	Affix Stamp Rs.6/-	
The Asst. Registrar (Academic),	Mr./Ms.	
N.I.T.K., Surathkal		
MANGALORE - 575 025.		

(Write address of the candidate)

APPLICATION FOR M.B.A. ADMISSION 2016-18

BY REGISTERED POST

From:	To:
	The Asst. Registrar (Academic),
	N.I.T.K., Surathkal
	MANGALORE - 575 025