



D.L. FORM

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

**Two Year M. Phil Programme of Calcutta University
(2015-2017)**

1. Name : Mr./Ms. _____
(IN CAPITAL LETTERS) FIRST NAME MIDDLE NAME SURNAME

2. Father's / Husband's Name :

3. Mother's Name :

4. Date of Birth : 5. Sex : Male Female6. Whether belonging to SC/ST/OBC : YES NO

7. Mailing Address, Phone No. and e-mail if any :

**Affix a
recent
Stamp Size
Photograph**

8. Academic Qualifications (Beginning with School up to Post Graduate if any)

Examination	Board/University (Name in Full)	College/Institution	Year	Main Subject (Specify Honours)	Marks Obtained	% of Marks	Class/ Div.

9. Other Qualification / Extra Curricular Activities :

10. Details of Job Experience, if any (in case you are employed, please enclose a Xerox copy of your employment certificate)

Organisation	Designation	Department	Salary	Period of Service

11. Application Fee Journal No. Date of Deposit

Signature of the Applicant**Important Instructions**

- Duly Completed application form should reach the Reception of the Institute by **17th August, 2015** at the latest along with the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account No. 32495656710
- A scanned copy of the completed application form along with a scanned copy of the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account No. 32495656710 should also be sent by e-mail : admissions@iiswbm.edu for record purpose.