Application Number :

LOURDES MATHA COLLEGE OF SCIENCE & TECHNOLOGY DEPARTMENT OF MANAGEMENT STUDIES



DEPARTIMENT OF MANAGEMENT STUDIES Lourdes Hills, Kuttichal P.O., Thiruvanathapuram – 695574 | Phone : 0472-2853550 / 2853546 Fax : 0472-2853846 | E-mail : mba@lmcst.ac.in | Website : www.lmcst.ac.in | City office : 0471-2302481 Approved by AICTE & Affiliated to A P J Abdul Kalam Technological University Member of Kerala Catholic Engineering College Managements' Association Minority Educational Institution managed by the Archdiocese of Changanacherry

APPLICATION FORM FOR ADMISSION TO MBA FULL - TIME PROGRAMME 2019 - '21

DD/Cash Receipt No :			Dated :											
(Fill in BLOCK LETTERS or Tick wherever applicable) Affix a recent passport									sport					
01. NAME OF APPLICANT (As entered in 10th certificate)											size photograph (Do not Staple)		oh 2)	
02. DATE OF BIRTH	D	D	М	М	Y	Y	Y	Y	03. G	endei	र		М	F
04. AADHAR DETAILS														
05. RELIGION	06. CASTE													
07. COMMUNITY		SC] ST			SEBC	2		GEN	ERAL		
08. ADDRESS	Perma							Comm	unicati	ion				
		PIN							PIN					
09. PHONE NUMBER						10. E-	MAIL	, ID						
11. PLACE OF BIRTH	12. MARITAL STATUS													
13. NAME OF PARENT / SPOUSE								OCCUPATION						
14. GUARDIAN'S PHONE NUMER														
15. NATIONALITY	16. ANNUAL FAMILY INCOME													
17. ENTRANCE DETAILS	KMAT CMAT CAT ROLL NO.													
18. ENTRANCE SCORE	DATE & MONTH OF EXAM													

19. DETAILS OF	MARKS SECURED F	FOR X & XII								
NAME OF EXAMINATION	NAME OF INSTITUTION	NAME OF BOARD	YEAR OF PASSING	MARKS SECURED	MAX. MARKS	% OF MARKS / GPA	, CLASS / RANK			
Х										
XII										
20. DETAILS OF	MARKS SECURED I	N GRADUATION			C	GPA	-			
NAME OF IN	STITUTION									
COURSE	PARTS OF EXAMINATION	NAME OF BOARD / UNIVERSITY	YEAR OF PASSING	MARKS SECURED	MAX. MARKS	% OF MARKS/ GPA	CLASS / RANK			
BA / B.Sc / B.Com	PART III									
BBA / B. Tech / LLB	Year 1									
	Year 2									
Others (Please specify)	Year 3									
	Year 4									
21. ADDITIONAI	QUALIFICATIONS	(if any)								
22. WORK EXPE	RIENCE (if any)									
23. HOBBIES AN	D EXTRACURRICU	LAR ACTIVITIES								
		DECLARATION B	BY THE APPI	LICANT						
		S								
-		at any wrong information			-		-			
0		I will submit all original or	certificates and	l documents at	the time of	admission, fa	ailing which my			
admission will be l	iable for cancellation.									
Place										
Date	•			Name & S	ionature of t	he Applicant				
	DETAILS OF TRU	E COPIES TO BE ATTA	ACHED ALO	NG WITH TI	HE APPLIC	CATION				
1. SSLC/ Equ	ivalent Certificate		2. Marklist o	f +2/CBSE/IS	С					
3. Degree/Pro	ovisional Certificate		4. CMAT / ŀ	KMAT / CAT	Score card					
5. Transfer Certificate			6. Conduct Certificate							
7. Migration Certificate		DD = f D = 500/in factor	8. Community Certificate (for SC/ST/OBC) our of Principal LMCSTpayable at Trivandrum.							
9. For downlo	baced application form	, סט סו Ks טעט - in favour	f of Principal L	LVICS I payabl	e at Trivandi	rum.				
		FOR OFFIC	CE USE ONLY	<u>Y</u>		<u> </u>				
Academic Score			KMAT / CM	IAT / CAT Sc	ore					

Academic Score		КМАТ	/ CM		
Personal Interview & GD Score		Total			
Admission No. :	Admitted / No	ot Admitted		Director / Princi	pal