

**AMBEDKAR INSTITUTE OF BUSINESS MANAGEMENT**

**APPLICATION FOR EXAMINATION**

**Note: Please fill up all the details to avoid Rejection of your exam application form.**

Enrolment No: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

**Select Any One Schedule: (Tick)**  1 – 10  11 – 20  21 – 30

Name as per certificate: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ Landmark \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Pin Code: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Landline No (with Code): \_\_\_\_\_

Email-ID: \_\_\_\_\_

Course: \_\_\_\_\_ Semester: \_\_\_\_\_ Specialization: \_\_\_\_\_

Fees Paid (INR / US\$): \_\_\_\_\_ Dues (INR / US\$ /NIL\*): \_\_\_\_\_

AIBM Branch: \_\_\_\_\_ Counselor Name: \_\_\_\_\_

**Exam option:**  E mail (Default)  Exam Centre\*  Case Study

**Disclaimer By The Applicant Student:**

*The information provided above is true to best of my knowledge. I acknowledge that I have read and understood all the Guidelines, Terms and Conditions of Examination at AIBM and I confirm to be abiding by all norms of AIBM.*

*Thanks and Regard*

\_\_\_\_\_  
STUDENT (NAME AND SIGNATURE)