



**APPLICATION FORM**

Undergraduate Programme Under WBUT

APP. ON.: \_\_\_\_\_

REG. NO.: \_\_\_\_\_

A F F I X  
R E C E N T  
S T A M P  
S I Z E  
P H O T O G R A P H

**Session:2010**

COURSE APPLIED FOR: **BBA /BCA / BHM/BOPT/BMS/BTTM/BHSM**

NAME (IN BLOCK LETTER): \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ MOBILE NO.: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PIN CODE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ CATEGORY: GEN/SC/ST/OBC/OTHERS

(Attach age proof.) (Attach no objection certificate or police clearance certificate, if not Indian)

LANGUAGE KNOWN (Mother tongue first): \_\_\_\_\_ BLOOD GROUP: \_\_\_\_\_

Examination	Institution	Board / university/ Council	Passed In	Subject	%
10 <sup>th</sup> / Equiv.					
10 + 2 / Equiv.					
Graduation					
Masters					
Others					

(Attach attested photocopies of all Mark Sheets and Certificates.)

**ADDITIONAL INFORMATION**

Other Hobbies: \_\_\_\_\_

**SOURCE OF INFORMATION ABOUT PCMT (PUT THE TICK MARK BELOW) :**

WORD OF MOUTH  POSTERS / BANNERS  FAIR/CAMP  HOARDING

NEWS PAPER ADD  OTHER SOURCES  NAME OF THE NEWS PAPER \_\_\_\_\_

ARE YOU PLANNING TO TAKE EDUCATION LOAN YES  NO

WHICH PAYMENT MODE YOU WOULD LIKE TO OPT FOR: YEARLY  SEMESTER

DO YOU WANT TO STAY IN HOSTEL AT CAMPUS ? YES  NO

(If yes collect Hostel Application Form)

RECOMMENDATION BY A CURRENT STUDENT OF PCMT (NAME): \_\_\_\_\_

RECOMMENDATION BY SOMEONE FROM THE INDUSTRY (NAME): \_\_\_\_\_

## Declaration:

1. I hereby declare that the information provide by me is true & subject to verification by PCMT.
2. I hereby agree to have seen, read and completely understood the rules & regulations and other information as supplied in the PCMT before my admission.
3. I hereby agree to follow all the rules & regulations as specified in the student hand book which may be modified from time to time, if I am granted admission.

Signature of Father / Guardian

Signature of Student

Date:

Date:

All Correspondence related to admission may be made to “The Admission Office, PCMT” at:

### Campus:

Bengal Pailan Park, Phase I, off. D.H. Road,  
Kolkata 700 104, Phone: 033-24535605,9836911117  
Fax: 033-24978238

### City Office:

Express Tower, 1<sup>st</sup> Floor, 42A Shakespeare Sarani,  
Kolkata 700 017, Phone: 22836918-20  
Fax: 22836921

## For Office Use Only

	DATE	RESULT	CONDUCTED BY
WRITTEN TEST			
INTERVIEW			
GROUP DISCUSSION			
FINAL RESULT			

Check List			
All document attached	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Photograph attached	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Payment Status				
Pattern of Payment	<input type="checkbox"/>	Yearly	<input type="checkbox"/>	Semester
Admission Fees Paid	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Payment Complete to start class	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hostelite?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature of Academic counsellor

**For Submission:** Duly filled-up form along with Rs. 500/- by cash and Rs. 550/- by DD in favour of “PAILAN EDUCATIONAL TRUST” payable at Kolkata to the above stated addresses.