

Test	Date of Examination	Percentage /Percentile Obtained
CMAT/MAT/CAT/XAT/ATMA/CET		

Extra-Curricular Activities: _____

Note: All the original certificate including the domicile certificate of the state will be verified at the time of counseling

DECLARATION: I hereby declare that the information given above or contained in the documents attached is complete and accurate. I understand that concealment or willful omission of facts will lead to cancellation of my admission or expulsion by University Department of Management, Vinoba Bhave University, Hazaribag.

 (Parent /Guardian Signature)

 (Candidate's Signature)

Examination Report (For Office Use Only)

Group Discussion /PI

Merit list

Date.....

Date.....

Conducted by GD/ PI Council

Conducted by Admission Council

Remarks.....

Verified Original Documents.....

Date of Birth Certificate Yes No.

Mark sheet 10th 12th Graduation

Qualifying Exam Result Yes No.

Transfer /Migration Certificate Yes No.

Registration Details:

Batch CodePayment Type.....Net Fees.....

 Signature of Verifier with date

 Signature of Admission In-charge

 Director
 University Department of Management
 Vinoba Bhave University, Hazaribag