



# INDIAN SCHOOL OF AGRI BUSINESS, NEW DELHI

## Application Form (Batch 2018-20)

|                                   |  |             |  |                             |  |                 |
|-----------------------------------|--|-------------|--|-----------------------------|--|-----------------|
| <b>Program Apply for:</b>         | <input type="checkbox"/> MBA-Agribusiness  |             |  |                             |  |                 |
| <b>Specialization:</b>            | <input type="checkbox"/> Dairy Technology and Management<br><input type="checkbox"/> Poultry Management<br><input type="checkbox"/> Horticulture and Farm Management<br><input type="checkbox"/> Irrigation and Farm Machinery Management<br><input type="checkbox"/> Animal Health Management<br><input type="checkbox"/> Food Processing Industry Management<br><input type="checkbox"/> Fisheries and Aquaculture Management<br><input type="checkbox"/> Commodity Management<br><input type="checkbox"/> Agri Input Management |             |  |                             |  |                 |
| <b>CANDIDATE INFORMATION:</b>     |  |             |  |                             |  |                 |
| <b>Candidate's Name</b>           |  |             |  |                             |  |                 |
| <b>First Name</b>                 |  |             |  | <b>Last Name</b>            |  |                 |
| <b>Father's Name</b>              |  |             |  |                             |  |                 |
| <b>First Name</b>                 |  |             |  | <b>Last Name</b>            |  |                 |
| <b>Mother's Name</b>              |  |             |  |                             |  |                 |
| <b>First Name</b>                 |  |             |  | <b>Last Name</b>            |  |                 |
| <b>Gender</b>                     | Male <input type="checkbox"/> Female <input type="checkbox"/>  |             |  |                             |  |                 |
| <b>Category</b>                   | GEN <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> minorities <input type="checkbox"/> Disabled <input type="checkbox"/> Other, PI Specify.....   |             |  |                             |  |                 |
| <b>Date of Birth (DD/MM/YYYY)</b> |  |             |  |                             |  |                 |
| <b>Email id</b>                   |  |             |  | <b>Alternate Email id</b>   |  |                 |
| <b>Mobile No.</b>                 |  |             |  | <b>Alternate Mobile No.</b> |  |                 |
| <b>Marital Status</b>             | Married <input type="checkbox"/> Unmarried <input type="checkbox"/>  |             |  | <b>Nationality</b>          |  |                 |
| <b>Correspondence Address</b>     |  |             |  |                             |  |                 |
|                                   |  |             |  |                             |  |                 |
| <b>District</b>                   |  | <b>City</b> |  | <b>State</b>                |  | <b>Pin code</b> |
| <b>Permanent Address</b>          |  |             |  |                             |  |                 |
|                                   |  |             |  |                             |  |                 |
| <b>District</b>                   |  | <b>City</b> |  | <b>State</b>                |  | <b>Pin code</b> |

**EDUCATION QUALIFICATION:**

| Exam . Pass     | School/College | Board/University | Subject/Stream | Year of Passing | Marks/Division |
|-----------------|----------------|------------------|----------------|-----------------|----------------|
| Class X         |                |                  |                |                 |                |
| Class XII       |                |                  |                |                 |                |
| Graduation      |                |                  |                |                 |                |
| Post Graduation |                |                  |                |                 |                |
| Any Other       |                |                  |                |                 |                |

Do you require accommodation during your study period? Yes  No

CAT/MAT/XAT/CMAT/Any other exam given? Yes  No

If yes, mention exam name and score Exam name.....Score: - .....

How did you learn about ISAB?

ISAB Website  Face book  College Notice Board  Emails  College Visits  Others please specify

I CONFIRM THAT INFORMATION GIVEN IN THIS FORM IS TRUE AND COMPLETE. ANY INFORMATION WHICH IS SUBSEQUENTLY FOUND TO BE WRONG WOULD DISQUALIFY ME FOR FURTHER CONTINUANCE AT ISAB.

Paste a recent passport size photograph here

(Candidate's Signature)

Full Name:

Place:

Date:

**Note:**

- Make the demand draft of INR 500/- in favor of "Indian Council of Food and Agriculture" Payable at New Delhi
- Send the complete application form along with demand draft to Indian Council of Food and Agriculture, B Wing, 2<sup>nd</sup> Floor, Naurang House, KG Marg New Delhi 110001.
- An acknowledgment email would be sent to the candidate on receipt of the payment form.
- The documents of proof are not required with application form, the same will be asked at the time of Final Admission.

**Detail of Fees paid:-**

DD No .....

Date :-.....

Payee Bank :- .....

Amount:-.....

Or

**Online payment details:-**

Receipt/Transaction No..... Date..... Paytm no.....