## **APPLICATION FORM 2026-28**

- Accredited "A" Grade by NAAC -



EMPOWER • ENTHUSE • EXCEL

INDIRAPURAM, GHAZIABAD

— An Autonomous Institution —

Block A, Gate No. 2, Shakti Khand IV, Indirapuram, Ghaziabad 201 014 (U.P.) Tel: 0120-4550100 Toll Free No.: 1800 102 3488 Mobile: 9958222099, 9958077088

Toll Free No.: 1800 102 3488 Mobile: 9958222099, 9958077088 E-mail: admissions@jaipuria.edu.in mba@jaipuria.edu.in www.jaipuriamba.edu.in



Paste your recent stamp size coloured photograph

Programme : MBA (Business A	Analytics)	MBA (Banking al	d Financial Services)					
Student's Information								
Name Mr./Ms.								
Mobile :	(Q)	Whatsapp No.:						
E-mail.:	-							
Father's Name								
rather's Name								
Father's Occupation: Service Business								
Company Name & Address:								
Designation:		ualification:						
Phone No.: E-mail.:	IVIO	obile No.:						
E-mail								
Mother's Name								
Company Name & Address:								
Designation:	_	ualification:						
Phone No.:	Mo	obile No.:						
E-mail.: Permanent Address with PIN Code								
Permanent Address with Pin Code								
Present Address for Communication with PIN Code								
Date of Birth DD MM YY Category (SC/ST/OBC/GENERAL)								
Sex M F Marital Status	Hoste	el Accommodation F	_	No				
Academic Qualification			Non AC	AC				
Name of Examination Board/University/Institute Year of	passing	% Marks Obtained/G	rade Main Subject / Stre	eam / Branch				
High School								
Intermediate (10+2)								
Graduation								
Any Other								

Entrance Examina	ion Details							
CAT Ro	ll No.	Score			Percentile [			
MAT Ro	ll No.	Score			Percentile [			
CMAT Ro	ll No.	Score			Percentile			
CUET-PG / RO	II No.	Score		Percentile				
OTHERS Roll No. Score Percentile								
Professional Qualif	ication Experience & Company Nam	е						
Period	Name of the Company	Name of the Company Position		sition	Responsibility			
-	out about Jaipuria Institute of Mana		-	-				
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				specify:				
Codoming moduce.		iamo, c	, ti ioi (o), i io.	opcony		(name)		
Hobbies & Extra-curricular activites					Signa	Signature of Applicant		
		ECLARA						
I hereby declare that the information given in the application form is true to the best of my knowledge and belief. If any information is found to be wrong, I shall be liable for action. I hold myself responsible for the due and prompt payment of fees.  Signature of Father/Guardian  Signature of Applicant								
Date :					N	ame :		
		ission C	ell use o	niy 				
Admission Counce (Name)	llor							
Date of GD/PI		Vei	nue of GD/F	PI				
Result of GD/PI	Selected Waiting	Reject	ted	Scholar ID				
Remarks								
(Projec	t Head - Admissions)					(Director)		
For Accounts Office use only								
Received a sum of	Rs(					) vide Draft		
No	Dated	Dawn or	n			vide Receipt		
No	Da	ted						