



CHHATRAPATI SHAHU INSTITUTE OF BUSINESS EDUCATION
AND RESEARCH (CSIBER) KOLHAPUR-416004

An Autonomous Institute

Reaccredited by NAAC with 'A+' Grade (CGPA 3.55)

MASTER OF PHILOSOPHY (M.Phil) in

Commerce & Management/Economics/Social Work/Sociology
(One Year Full Time Programme)

Application No.

Roll No

APPLICATION FORM

Paste Your
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To ,
The Director,
CSIBER
University Road, Kolhapur

Sir,

I am applying here with for M.Phil Entrance Examination for the Academic Year 2019-20

Subject: _____

Student's Name: _____

(In Capital Letters) Surname First Name Father's/Husband Name Mother's Name

Student's Name (In Devnagari): _____

Gender: _____ **Date of Birth(DD/MM/YYYY):** _____ **Place of Birth** _____

Father's/Guardian's Name: _____

Permanent Address: _____

Guardian's Mobile Number: _____ **Student's Mobile Number:** _____

Student's Email ID: _____

Religion: _____ **Caste:** _____

Category: SC ST VJ/DT NT-B NT-C NT-D OBC SBC Open

AADHAR Number: _____

Educational Qualification:

Examination	Board/University	Year of Passing	Percentage	Last Attended College	Subject
S.S.C					
H.S.C					
Bachelor's Degree			(Aggregate)		
Master's Degree					
Diploma.Certi.					

Other Activities:

Teaching /Research Experience(if any)
Articles and other publications, if any (use additional sheets if required)
Scholarship, Fellowship, Prizes etc.(received for academic attainments)
A brief resume in 250 words of the area in which you would like to specialize and why?
What are your plans after completion of M.Phil Programme?
Name of the sponsoring authority and/ Name of the employer, who will employ you after the completion of the course.(An undertaking from the employer to the effect to be attached)

- Note:** 1. Please attach attested copies of the Educational Qualification, Experience (if any), and Testimonials along with the application form, otherwise the application will considered incomplete.
2. In case of employed applicants application should be forwarded through the employer.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

Received Fees Rs:

DD Number:

Receipt No:

Date:

Authorized Signatory