

## LAL BAHADUR SHASTRI COLLEGE OF HIGHER EDUCATION

(Affiliated to M.J.P.Rohilkhand University, Bareilly) 11<sup>th</sup> K.M, Bisalpur Road, Bareilly - 243126

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Form No. to be given by office

1. NAME

DATE: PLACE Application Form
(To be filled by the applicant)
Session- 2023-2026

Affix your recent colored passport size photograph here.

SIGNATURE OF THE APPLICANT

## **BBA**

## **Bachelor of Business Administration**

2. FATHER'S	NAME										
3. MOTHER'S	S NAME										
4. PERMANE	NT ADDRESS	S									
5. CITY					STAT	E					
6. CONTACT NUMBER											
7. DOB GENDER MALE FEMALE											
8. ACADEMIC	QUALIFICA	TION:									
EXAMINATION	SUBJECT								EAR OF	MAX	OBTAIN
PASSED		BOARD							ASSING	MARK	MARKS
HIGH SCHOOL											
INTERMEDIATE											
ANY OTHER											
9. CATEGORY	GENRAL	ОВС	S	С	ST						
10. AADHAAR NU	MBER										
11. FAMILY INCO	OME ABOV	'E ₹ 200000/-	ВЕ	LOW ₹2	00000/-	-					

I declare that the information given in the application form is true. The application, if found incorrect, at any stage, may be rejected without notice.