

Raja Balwant Singh Management Technical Campus

(Formerly FMCA, R.B.S. College), KHANDARI FARM CAMPUS, AGRA-282002 (Affiliated to Dr. A.P.J. Abdul Kalam Technical University, Lucknow & Approved by AICTE, New Delhi, MHRD, Govt. of India)

Helplines: 9058088437, 9412170098, 9412588351 website: www.rbsmtc.in e-mail:admissioncell.rbsmtc@gmail.com

	College Cod 005	A A	PPLICATION FORM FOR AI	OMISSION IN MI	BA / MCA			
Course applied for (Tick the appropriate Fill names in capital letters Name of the Applicant (in English)			te box): MBA MCA				Applicant's Photo	
Nam	e of the Appli	cant (in Hindi) :			•••••			
Fath	er's Name:							
Moth	Sign	Signature						
Addı	ress for Corres	spondence:						
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Appl	licant's Mobile	e No.		Email:				
Fath	er's Mobile No	o.	Mother'	s Mobile No.				
Date of Birth Aadhar No.								
Cate	gory (Tick the	appropriate box)	General OBC	SC/ST				
Educ	cational Qualif	fication: (attach self-a	attested photocopies of testimon	ials.)				
E	xam Passed	Name of the Board / University	Name of the College	Subjects / Stream	Year of Passing	% of Marks Obtained	Documents Verified (Y/N)	
Hi	gh School							
In	termediate							
Gı	raduation							
Ot	thers							
Rank	k: CUET							
<u>Deta</u>	ails of Bank	Draft / Cheque/U	<u>PI:</u>					
DD I	No. / Ch. No./	UPI Ref. No			Amount (l	Rs.)		
Nam	e of the Bank				ing date			
Date	:		*Fee once paid is not re	efundable.*				

The application must be accompanied by a crossed Cheque / DD / Cash of ₹21,500/- in favor of "R.B.S. Management Technical Campus, Agra" payable at Agra.



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	College Code: 005	APPLICATIO	N FORM FOR ADMISSION I	N MBA (INTEGE	RATED) / M	ICA (INTEC	RATED)
Cour Fill r Nam	_	Applicant's Photo					
Nam	e of the Applicar	nt (in Hindi) :					1 110 00
Fath	er's Name:						
Moth	Sign	Signature					
Addr	ess for Correspo	ndence:					
Appl	icant's Mobile N	Io.		Email:			
Fath	er's Mobile No.		Mother	s Mobile No.			
Date	of Birth		Aadhar	No.			
Cate	gory (Tick the ap	opropriate box)	General OBC	SC/ST			
Educ	ational Qualifica	ation: (attach self-a	attested photocopies of testimor	ials.)			
E	xam Passed	Name of the Board	Name of the School	Subjects / Stream	Year of Passing	% of Marks Obtained	Documents Verified (Y/N)
Hi	gh School						
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