SSM
SWISS SCHOOL OF MANAGEMENT

IIBM Institute of Business Management

APPLICATION FORM

PLEASE FILL COMPLETE FORM IN BLOCK LETTERS

Counselor Name	

PERSONAL INFORMATION

Name	
Father's Name	
Email - Id	
Country Code	
Phone No.	
Gender	
Date of Birth	
Nationality	
Permanent Address	
Pin Code	
City	
State	
Country	
Communication Address	

EDUCATIONAL QUALIFICATION*

Highest Qualification	
Degree of Specialisation	
Name of The Institute	
Year of Passing	
Percentage	

WORKING EXPERIENCE*

Work Experience (in Years)	
Current Organization Name	
Designation	
Current CTC	
Place Of Organization	

PROGRAM SECTION

Doctor of Business Administration (DBA) ☐

Executive Master of Business Administration (EMBA) ☐

Bachelor of Business Administration (BBA) ☐

Master of Business Administration (MBA) ☐

Specialization: .....

Brief Statement on your reasons for joining this course program:

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APPLICANT DOCUMENT SUBMISSION

Graduation 3rd Year Marksheet / Diploma ☐

Master Degree ☐

Photograph ☐

Passport | National ID ☐

Resume ☐

Experience Certificate ☐

Payment Method: Lumpsum ☐ Installment ☐

Course Fee:

EMI's	Amount	Due Date
1st Instalment		
2nd Instalment		
3rd Instalment		
4th Instalment		
5th Instalment		
6th Instalment		

Place : ..... Date: ..... Signature of Applicant: .....

I agree:

☑ The student will undertake their studies through IIBM Institute and, upon successful completion of the program requirements, will receive the corresponding degree and official transcript from the designated awarding institution.