

Reg No.:		
(To be filled	by the	office)

OSMANIA UNIVERSITY, HYDERABAD - 500 007

Application for M.B.A. (Evening: Part-time) - 2017

(3 Years - 6 Semesters)

 $\textbf{Last date for submitting the application} \ to the \ Director, \ Directorate \ of \ Admissions, \ Osmania \ University, \ Hyderabad - 500\ 007 \ is \ \textbf{11.08.2017} \ by \ \textbf{4.00} \ \textbf{p.m.}$

Filled in applications must be accompanied by a demand draft for Rs. 1300/drawn in favour of "The Director, Directorate of Admissions, O.U., Hyderabad" towards the registration fee.

Affix recent photograph & sign across the photograph (Do not pin/stapple)

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10. Particulars of Employment after the graduation:

Name of the (De	signation	Period o (From	f Service - To)	Place of Service					
11. Address for Co in Block Letter		n								
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12.Particulars of examination		prece	eding seve	n (7) years	s starting	from the qualifying				
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Date:				Sig	nature of the	Candidate				
Submit the filled Directorate of Admissions Osmania University, Hyderabad - 500 007 (T.S.)										

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 Submit the following alongwith this application:

 1. Degree certificate or Provisional certificate of qualifying examination.

 2. Xerox Copy of Hall Ticket and Rank Card of TS ICET-2017.

 3. Demand Draft for Rs. 1300/
 4. Service Certificate(s) from the Employer

 5. ICR Summary Sheet

Application Number	

DIRECTORATE OF ADMISSIONS OSMANIA UNIVERSITY, HYDERABAD

ACKNOWLEDGEMENT CARD

M.B.A. (Evening : Part-time) Admissions - 2017 (3 Years - 6 Semesters)

Your Registration Number is ______(Quote this number for any future correspondence)

for Director
Directorate of Admissions, O.U.



OSMANIA UNIVERSITY ICR SUMMARY SHEET

MBA (Evening): PART - TIME: 2017

To the same of the

<u>Instructions to fill the ICR Summary Sheet</u> a. Do not staple, wrinkle, scribble, wet or fold this form

b. Use only black ball point pen to fill the form.										(1	eor offic	ce use (oniy)		
	c. Leave	one box blank betwe													
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11. Signature of the candidate (within the box given above)

Registration No.