



Food & Agribusiness School (FABS)

SVVR Educational Society

Sagar Group of Educational Institutions, 446, 3rd Floor, SAFA ARCADE, Opp.: Pillar No. 15 of PVNR Express Highway, Mehdiapatnam, Hyderabad – 500 028, Andhra Pradesh

Ph: +91-8886101133/55, +91-8886301166/99, Websites: , www.fabs.ac.in, www.svvr.org

(Read detailed instructions given before filling the application form)

Application for Admission to AICTE Approved TWO YEAR POST GRADUATE DIPLOMA IN MANAGEMENT PGDM (Agri Business)

Application fee payment details:	
DD.NO:_____	Amount: Rs. 500
Date:_____	Bank & Branch:_____

Affix Your Latest Passport size colour Photograph
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(*DD for Rs. 500/- to be drawn in favour of "Secretary, SVVR Educational Society" payable at Hyderabad)

Signature of applicant

A. Personal Details

a) Name in Full : _____
(As in degree certificate & in BLOCK LETTERS)

b) Parent's/Guardian's Name: _____

c) Parent's / Guardian's Occupation: _____

d) Applicant's Date of Birth: Date Month Year

e) Gender: Male: Female:
(Please tick (√))

f) Marital Status: (Please tick) Married: Unmarried:

g) Mother Tongue: _____ j) Nationality: _____ k) NRI: Yes / No

h) Religion: _____ Pass port No: _____ Passport Issuing Authority _____

i) Category (If Indian):

OC	BC	SC	ST	PH	Others
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j) Educational Qualifications:

Course/Examination	Year of passing	Specialisation	Marks %	Rank/Scholarships (if any)	Institution Name & Location	Board / University
X Class						
XII/Intermediate						
Graduation:						
Post graduation						
Any other degrees/diplomas						

k) Qualifying Test/Exam details:

ICET/CAT/XAT/MAT/TOEFEL/IELTS etc	Hall Ticket No	Year of test appearing	Percentile /Rank	Qualified/Disqualified/Remarks

n) Mailing Address

Permanent Address

Pin Code: _____

Pin Code: _____

Ph No (With STD Code) _____

Ph No (With STD Code): _____

Mobile No: _____

Mobile No : _____

E-Mail ID : _____

E-Mail ID : _____

m) Work Experience in brief:.....

q) Hobbies:.....

R) References: Please give two references. One can be of your classmate or a senior and other one can be your professor

1. Name : _____ Relation to you: _____

Address: _____

E-mail ID: _____ Mob# : _____

2. Name : _____ Relation to you: _____

Address: _____

E-mail ID: _____ Mob # : _____

DECLARATION

I hereby declare that the particulars given in this application are true and correct to the best of my knowledge

Candidates Signature: _____ Date : _____ Place: _____

Instructions for filling and sending the Application Form:

- 1) To be filled in by the candidate in CAPITAL letters
- 2) Application should be completed in all respects. Incomplete Applications will not be considered.
- 3) Attach two passport size color photographs similar to the one pasted on the Application Form. Please write your name on the back side of the photographs.
- 4) Send the Application Form through Speed Post / Regd. Post / Recognized Courier on to the below address:

Sagar Group of Educational Institutions(S V V R Educational Society), 446, 3rd Floor, SAFA ARCADE
Opp.: Pillar No. 15 of PVNR Express Highway, Mehdiapatnam, Hyderabad – 500 028, Andhra Pradesh
- 5) The filled application form should accompany with the DD for RS.500/- drawn in favour of “**Secretary , SVVR Educational Society**” payable at Hyderabad.
- 6) Please retain the copies of filled in Application Form, copy of the DD, Receipt of Speed Post Regd. Post / Courier
- 7) Please bring copy of the Application Form and DD copy when you come for admission test and personal interview at FABS, Hyderabad