



AMDISA Secretariat Hyderabad, India

Please clip two copies of your recent passportsize photograph

ACBA

Advanced Certificate in Business Administration

Application for Admission

Fill applicant's name in **BLOCK** letters. If currently unemployed, provide only one contact address.

1. Name			
2. Date of Birth:	dd mm	уууу	
3. Nationality:			
4. Gender:	■ Male	□ Female	
5. Address 1 (Home)			
6. Address 2 (Work)			
7. Telephone #			
8. E-mail:	Cell Phone		Landline
9. Source of Financing:	■ Self	Organization	

	ization	Designation	Durati	Duration (From-To)	
. Total year(s) of	full-time employmer	nt:			
2. Please list acad	demic degrees earned	d, starting from the <u>most</u>	recent:		
Degree	Institution	Year Awarded	Area / Major	Class / CGPA	
R Have you ever	•	degree/course at this inst	titute i.e. IBA?	Yes 🗖 N	
If yes, please s	pecity.				
•		:/Course	Y	ear Attended	
•		e/Course	Y	ear Attended	
•		e/Course	Y	ear Attended	
•		e/Course	Y	ear Attended	
If yes, please s	Degree	e/Course	Y	ear Attended	
If yes, please s Declaration have read the	program brochure	e and I agree to abide ed in this application f	by the requirem	nents of the	
If yes, please s Declaration have read the	program brochure	e and I agree to abide	by the requirem	nents of the	
If yes, please s Declaration have read the	program brochure	e and I agree to abide	by the requirem	nents of the	