



Global Institute Of Business
Management & Studies
INDIA'S GLOBAL B SCHOOL

Education For A Better World

GLOBAL INSITUTE OF BUSINESS MANAGEMENT AND STUDIES BSCHOOL

Examination Form

Note: Please fill up all the details to avoid Rejection of your exam application form.

Reference No: _____ Date of Admission: _____

Session:- June/December (Please Select)

Select Any One Schedule: (Tick) 1st – 10th 11th – 20th 21st – 30th

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Course: _____ Semester: _____ Specialization: _____

Subject Name for particular Course/Semester: 1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____ 7) _____

Fees Paid (INR / US\$): _____ Dues (INR / US\$ /NIL*): _____

GIBMS Branch: _____ Counselor Name: _____

Exam option: E mail (Default) / Exam Centre*

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Disclaimer By The Applicant Student:

The information provided above is true to best of my knowledge. I acknowledge that I have read and understood all the Guidelines, Terms and Conditions of Examination at GIBMS and I confirm to be abiding by all norms of GIBMS Business School.

Please email this form on info@gibms.co.in

Thanks and Regards

STUDENT (NAME AND SIGNATURE)

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