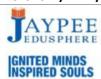




## JAYPEE UNIVERSITY OF INFORMATION TECHNOLOGY WAKNAGHAT, P.O. - WAKNAGHAT, TEHSIL - KANDAGHAT, DISTRICT - SOLAN (H.P.)

TEHSIL - KANDAGHAT, DISTRICT - SOLAN (H.P.)
PIN - 173234 (INDIA) Phone Number - +91-1792-257999
(Established by H.P. State Legislature vide Act No. 14 of 2002)



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P.T.O.

## **MBA - ADMISSION APPLICATION FORM 2026**

|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   | PLEASE FILL A        | ALL DETAIL         | S IN CAPITAL LETT   | ERS O                                 | <u>NLY</u> |     | <u> </u> |                                                |       |      |  |
|--------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------|--------------------|---------------------|---------------------------------------|------------|-----|----------|------------------------------------------------|-------|------|--|
| 1.                                                                                               | Name of Cand                              | idate                                                                                                                                                               |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 2.                                                                                               | Father's Name                             |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 3.                                                                                               | Mother's Nam                              | e                                                                                                                                                                   |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 4.                                                                                               | Date of Birth                             | D                                                                                                                                                                   | D M                                                               | MY                   | YYY                |                     | 6. Gender (M/F/TG)                    |            |     |          |                                                |       |      |  |
| 7.                                                                                               | Category: GEN                             | /SC/ST/OBC                                                                                                                                                          | /ST/OBC 8. Religion (i.e. Hindu/Muslim/Sikh/Jain/Christian/Other) |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 9.                                                                                               | Person with di                            | sability (Y/N)                                                                                                                                                      |                                                                   | 10                   | ). AADHAAR         | NO.                 |                                       |            |     |          |                                                |       |      |  |
| 11.                                                                                              | Current Reside                            | ential Address                                                                                                                                                      |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | State                                     |                                                                                                                                                                     | PIN C                                                             |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 12.                                                                                              |                                           | dress (Fill - 'Sam                                                                                                                                                  | <b>ne'</b> . if nerm                                              | nanent address is    | same as curre      | ent address)        |                                       |            |     |          | <u>                                       </u> |       |      |  |
| 12. Permanent Address (Fill - 'Same', if permanent address is same as current address)           |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     | 1                                     |            | . 1 |          |                                                |       |      |  |
|                                                                                                  | State                                     |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       | PIN Co     | ode |          |                                                |       |      |  |
| 13.                                                                                              |                                           | Contact Details:  Nob No. (Candidate) Email-ID (Candidate)                                                                                                          |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | Mob No. (Pare                             |                                                                                                                                                                     |                                                                   | Email-ID (Parent)    |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
| 14.                                                                                              | Examination                               | Details of Qualifications (Attach Attested Transcripts of Grades / Marks Secured)  Examination Stream Board/ Details of School/Institute/College Year of % of Marks |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       | arks |  |
|                                                                                                  | Examination                               | (See Eligibility Do                                                                                                                                                 | cument)                                                           | University           | Name               | Betails of Selfoot, | r                                     | ate        | Cit |          | assing                                         | or CG |      |  |
|                                                                                                  | 10th                                      |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | 12th                                      |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | Bachelor's*                               |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | Other (if any)                            |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | * Note: If appearing                      | ng mention % of Ma                                                                                                                                                  | arks so far, b                                                    | out must prove eligi | bility latest by S | September 30, 2026. | ·                                     | •          |     |          |                                                | •     |      |  |
| <b>15.</b> Please Fill as Applicable (Attach copy of score card) [Write "NA" if not applicable]: |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  | Examination (CAT/MAT/CMAT/CUET-PG/Others) |                                                                                                                                                                     |                                                                   | Month & Year of      | Appearing          | Composite/ Total    | Overall Percentile (%) Result Valid L |            |     |          |                                                | Jpto  |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          | 1                                              |       |      |  |
|                                                                                                  |                                           |                                                                                                                                                                     |                                                                   |                      |                    |                     |                                       |            |     |          |                                                |       |      |  |

| 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Work Experience (if any) -                                                  | Attach separate sl     | neet, | if required. |  |           |  |  |  |            |           |      |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------|-------|--------------|--|-----------|--|--|--|------------|-----------|------|----|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Position                                                                    | Name of Orga           |       | Job Profile  |  |           |  |  |  | Period     |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            | From      |      | То |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
| 4-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
| 17.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17. Describe how will the JBSW MBA help you in achieving your career goals? |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
| 18. Demand Draft Details: (Not applicable in case, form is purchased on payment of cash from Institutional Counter)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DD No.                                                                      |                        |       | Dated        |  |           |  |  |  | Amount (Rs | .)        |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Bank                                                                        |                        |       |              |  |           |  |  |  |            |           |      |    |
| 19. Bank Details: (Required in case of Refund) (ONLY PARENT/SELF)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name of Account Holder Bank Name                                            |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Account Number                                                              | ınt Number Branch Name |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address of Bank                                                             |                        |       |              |  | IFSC Code |  |  |  |            |           |      |    |
| IMPORTANT  Mail this completed application form to the Registrar with copy of valid CAT/MAT/CMAT/XAT/GMAT/ATMA/CUET-PG score card and Demand Draft of Rs. 1000/- in favour of Jaypee University of Information Technology payable at Shimla (No demand draft to be attached in case of purchased application form).  Eligibility  Bachelor's Degree or its equivalent in any discipline from a recognised university with at least 50% aggregate marks or equivalent CGPA. Candidates graduating by 31 July 2026 can also apply but must prove their eligibility latest by 30 September 2026. Those not producing the eligibility certificates as per the date mentioned will be disqualified/deregistered irrespective of their having joined the program provisionally.  Applicants are required to have valid CAT/MAT/CMAT/XAT/GMAT/ATMA/CUET-PG score. Qualified candidate must produce relevant score card.  Selection Process  Shortlisted applicants only (on the basis of relative merit amongst received applications) will be called for Group Discussion (GD) and Personal Interview (PI). GD/PI will be held at JUIT, Waknaghat, Solan.  Submission of application does not automatically qualify the candidate for GD/PI and no refund of application fee is permissible on any account. The final selection will be based on the test score, language proficiency and performance in the GD & PI.  Candidates not having score of National Level Entrance Examination, will appear for JUIT MBA Admission Test (JMAT) followed by GD-PI. Admission will be subject to performance in the JMAT and GD-PI.  Kindly send the completely filled application form to admission-mba@juitsolan.in. |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
| <ol> <li>I, hereby declare that all the particulars stated in this application form are true to the best of my knowledge and belief. I also understand that I have read the notes above and the submission of application does not automatically qualify me for GD/PI. In the event of suppression or distortion of any fact like date of birth, nationality, category, qualification etc. made in my application form, I understand that I will be denied the opportunity to be admitted to JUIT and if already admitted, my admission would stand cancelled. The Application Fee is non-refundable under any circumstances.</li> <li>I am aware of the University approach toward ragging and the punishment, to which I am liable, if found guilty of ragging.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                             |                        |       |              |  |           |  |  |  |            |           |      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DATE                                                                        |                        |       |              |  |           |  |  |  | SIGNATURE  | OF CANDII | DATE | -  |