



INSTITUTE OF BUSINESS ADMINISTRATION KARACHI

REQUEST TO JOIN MBA-EVENING PROGRAM AFTER 4-YEAR BACHELOR DEGREE AT IBA, KARACHI

Date: _____

Student Name: _____

Father Name: _____

Address: _____

Tel (RES): _____ Mobile: _____ e-mail: _____

Program Office: DPO City Campus CCS

Month and Year of Completion of 4-year Bachelor Degree: _____

Deficiency (if any): _____

CGPA: _____ Degree Major: _____

JOB DETAILS

Name of Organization: _____

Organisation Address: _____

Tel (Office): _____ Fax: _____ e-mail: _____

Name of Supervisor: _____

Department of Supervisor: _____

Job commencement date: _____ Job completion date: _____

SEMESTER from which the student wishes to join MBA-Evening (Month / Year): _____

I hereby solemnly affirm that the information given in this form is correct and I take full responsibility for any incorrect information. I clearly understand that acceptance of my request does not mean approval of my admission in MBA-Evening Program.

Student Signature: _____ Date: _____

Please attach work experience letter from your employer in original with this form in a sealed envelope. The letter should clearly state your joining date, designation and brief information about your job assignments.

FOR OFFICE USE ONLY

The CGPA and Degree completion information provided by the student is correct. The applicant has no deficiency in his/her Bachelors Degree.

Program Office Incharge