

Consent Form to Participate in JC CAT

I.	Name of B-School / Institute / University:	
	Full Address: _____	
	State: _____	Pin: _____
	STD Code: _____	Phone: _____
	Fax: _____	Email: _____
	Website: _____	
II.	Name of Contact Person:	
	Designation: _____	
	Phone (R): _____	
	Mobile: _____	E-mail: _____
III.	Programmes for which JC CAT Score will be considered:	Approving Authority / Affiliating University (Please attach copy of supporting document)
	1. _____	
	2. _____	
	3. _____	
	4. _____	
	5. _____	
IV.	We agree to participate (Please Tick [✓])	Only in next JC CAT <input type="checkbox"/> In all the three JC CAT to be held in January, May & September <input type="checkbox"/>
V.	Particulars of Demand Draft in favour of 'JC CAT', Payable at New Delhi	DD No.: _____ Dated: _____ For Rs.: _____ Drawn on Bank: _____ Place: _____

Certify that the particulars given in the consent form are true and correct. We, hereby, agree to abide by the terms and conditions given in the offer letter for participating in the administration of JC CAT

Place: _____ Signature: _____ Name: _____

Date: _____

Designation: _____

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