

ADMISSION APPLICATION FORM

(Please complete this form in BLOCK LETTERS)

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Application For The Course :

Specilization (1) Specilization (2)

Counselor Name : Enrollment No :

Full Name in Block Letters :

[First Name]	[Middle Name]	[Last Name]

Date of Birth : [day / Month / year]

Male : Female :

Nationality :

Father's Name: Husband's Name:

[First Name]	[Middle Name]	[Last Name]

Permanent Address:

For Correspondence Address:

Telephone Numbers: (HOME) (MOBILE)

Email ID :

Academic details

Examinations taken [Please mention in chronological order including examinations with results pending]

Qualification	Name of Institution / College / School	Exam Date		Subjects Specialization	Results, Grades Percentage
		Month	Year		

Work Experiences: [Please mention from the most recent organization you worked for]

Name of the Organization / Compnny	Worked		Designation
	From	To	

Amount of Fees Paid : ₹ \$

In Words :

Exam Option : From Home Study Centre

DECLARATION BY THE CANDIDATE :

I certify that all information provided on this application is complete and accurate. I agree to familiarize myself with all the rules and regulations of the program set forth by. IISS and abide by them. I would uphold the standards and respect the principles of IISS as an organization of higher learning.

Signature :

PLEASE ATTACH TO YOUR APPLICATION FORM:

Attested photocopies of certificates in support of the information provided
 Certificates: School Leaving Certificate, Certificates of Additional Qualifications, Work Experience etc.
 I hereby certify that the above mentioned information is true to the best of my knowledge. I have read and understood the full requirements of the course, eligibility criteria and other information indicated in the prospectus.
 I am medically fit to undergo the opted course.
 I undertake to follow by the instructions indicated in the prospectus and any regulations framed by the institution from time to time.