



INSTITUTE OF EDUCATION & SKILL MANAGEMENT

STUDENTS APPLICATION FORM

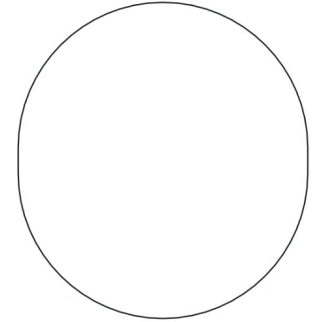
OFFICIAL USE ONLY

Applicant Registration No :

Study Centre Name :

Study Centre Code :

Signature of the Centre Head :



APPLICANT DETAILS

Course Name

Name of Applicant

Father's Name

Mother's Name

Husbands's Name
(If Applicable)

Date of Birth Sex Marital Status

Religion Nationality Category

ID Proof Type ID Proof Number

Qualification

Address For Communicatin

District State Pin

Mobile No E-MAIL

DECLARATION

I hereby declare that all the above statements are true and correct The Best of My Knowledge and Belief
I shall obey all the Rule & Regulations of the organization

Date

Signature of Applicant