



CENTRAL INSTITUTE OF FIRE & SAFETY ENGINEERING

तकनीकी और उद्यमिता विकास परिषद

COUNCIL OF TECHNICAL TRAINING AND ENTREPRENEURSHIP DEVELOPMENT



॥ उद्यमेन हि विद्धयन्ति ॥

STUDENT REGISTRATION FORM

SESSION.....

Course Details

Course applied for Year

Where did you find out about the courses at our Institute College

Branch Why did you wish to this Course?

Paste a latest
Coloured photograph
of candidate and
Attach 3 additional
copies also

Personal Details

Name

(Block Letters)

(First Name)

(Middle Name)

(Last Name)

E-mail ID.

Landline

Mobile No

Father's Name

(In Block Letters)

Mother's Name

(In Block Letters)

Date of Birth

Age

Permanent Address :

State

City

Parent's Occupation

Annual Income

(Attach Proof)

Nationality Gender (Tick) Male Female

Blood Group Category (Tick) General SC ST Others

(Attach Proof)

Local Guardian's Name & Address

Please send completed application form along registration fee to The Admission Office

The Admission Office, Council Of Technical Training And Entrepreneurship Development

FOR OFFICE USE ONLY

Application received Date.....

STUDENT HALLMARK SLEEPS

Students Name

College Institute Name

Course Applied for

Start Date End Date Sex City State

Officer Decision - Unconditional Conditional Reject

if conditional or Rejection Please specify the condition or reason for rejection

Photograph

Registration no.

Seat No.

Signature of COTTED director

Landline No.

Mobile No.

Academic Qualification (Starting from X or Equivalent of the certificate)

(Enclose attested photocopies)

Sr. No.	Examination Passed	Name of Board/ Institute	Year	Marks Obtained	% of Marks

Hostel Accommodation Required (Tick) Yes No

Any Professional / Academic Achievements :

Declaration by the Candidate :

I declare that the information given above is true and complete to the best of my knowledge & belief, and if any of it is found to be incorrect my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the council. The decision of the council thereon shall be final.

Place

.....
Signature of the Student

Date

Declaration by the Principal / Guardian I undertake the responsibility of paying all dues of my student regularly and I bind myself for his/her dues compliance with all rules and regulations that are in force from time to time in the council.

Place

.....
Signature of the
Principal / director of training Institute

Date

Enclosure Check List (Tick) whichever is applicable)

- | | |
|---|--|
| 1. Date of Birth Certificate | 2. Attested Certificate and Mark Sheets of Class X, XII and Graduation |
| 3. Character Certificate | 4. Cast Certificate |
| 5. Three Passport size coloured photographs | 6. Permanent Residence Proof |
| | 7. Income Certificate |

I Agree

I have read the relevant instruction for admission to the said course and agree to abide by the rules and conditions prescribed therein. I hereby absolve the authorities of the Central Institute of Fire & Safety Engineering (CIFSE) from all the responsibilities for any loss or injury or damages or any other disability suffered by me or death while under training. I hereby solemnly declare that the facts given by me in the application are correct. I am medically fit in all respects and not a victim of claustrophobia, or any other physical deficiency which prevents me to undergo such strenuous training. I hereby undertake to serve the CIFSE on instructional duties on temporary assignments during the two years following my passing the course, wherever required by the college.

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Signature of the Student