

APPLICATION FORM

COURSE INFORMATION

Program Type : Certificate / Diploma / Advanced Diploma / Skill Course

Course Name :

Batch/ Session:

Counsellor Name / Reference ID:

STUDENT INFORMATION

Name:

Father's Name:

Mother's Name:

Date of Birth: / /

Gender:

Blood Group:

Nationality:

CONTACT INFORMATION

Mobile Number:

Email Address:

Present Address:

Zip Code:

Permanent Address:

Zip Code:

EDUCATIONAL QUALIFICATION

Qualification	Board/ Institution	Grade	Year of Completion
10 th /Senior Secondary			
12 th /Higher Secondary			
Graduation			
Post Graduation			
Others			

IDENTIFICATION DETAILS

Passport No. :

ID Proof Name:

ID Proof No. :

PROFESSIONAL INFORMATION

Current Profession / Job Title:

Work Experience (in years):

Companies/ Institutions:

Skills Known:

CONSENT & AGREEMENT

- I certify that the above information is true & correct to the best of my knowledge.
- I agree to follow all rules and regulations of IISD.

Documents Submitted: Passport Size Photo ID Proof Higher Secondary Certificate
 Proof of Address Senior Secondary Certificate
 Graduation Certificate Post Graduation Certificate
 Other Certificate

Date:

/

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Signature: