

IIPHS INSTITUTE OF MANAGEMENT & TECHNOLOGY



Approved Collaborative Institution of **ALAGAPPA UNIVERSITY**

(A State Govt. University Accredited with “A+” Grade by NAAC)



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Aadhar No.:.....

Application No.:.....

Admission no. :.....

Admission Date:.....

APPLICATION FOR ADMISSIONS 20..... - 20

SI. No.	Tick The Course	COURSES OFFERED - GOVT. UNIVERSITY REGULAR PATTREN
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- | | | |
|----|--------------------------|--|
| 1. | <input type="checkbox"/> | BSc.- Fire & Industrial Safety |
| 2. | <input type="checkbox"/> | BSc - Fire & Industrial Safety (Lateral Entry Direct 2nd year) |
| 3. | <input type="checkbox"/> | Diploma in Fire & Industrial Safety Engineering |
| 4. | <input type="checkbox"/> | Msc - Industrial Safety & Hygiene |
| 5. | <input type="checkbox"/> | MBA - Environment & Industrial Safety Management |
| 6. | <input type="checkbox"/> | PG Diploma in Fire & Industrial Safety |
| 7. | <input type="checkbox"/> | Certificate Course in Fire & Industrial Safety Management |
| 8. | <input type="checkbox"/> | Diploma in Land Survey Engineering |

AFFIX STAMP SIZE PHOTO AND TO BE ATTESTED BY A GAZETTED OFFICER

(To be filled in by the Candidate in his / her own handwriting in Block Letters)

1. Name of the Applicant with initial (as in Qualifying Certificate - in BLOCK letter):

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2. Father’s Name :

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3. Address for Communication :

Pin Code

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4. Student Mobile (with Whatsapp)

5. Father Mother Guardian Mobile (with Whatsapp)

6.E-mail ID

7. Sex :

M	F
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8. Community :

SC	ST	MBC	BC	OC
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9. Date of Birth :

Date		Month		Year			

10. Sub Caste :

11. Religion :

12. Nationality :

13. Hostel : Yes No

14. Blood Group :

15. Details of Educational Qualifications :

Course Studied	Name of the Degree	Major	Month & Year of Passing	Name of the Insttn./College/ University	% of Marks / Class
1. Secondary					
2. Hr. Secondary					
3. Diploma					
4. Under Graduate					

(Enclose Original and Attested copies of Transfer Certificate, Mark Sheet and UG/PG Provisional Certificate or Degree Certificate. **Individual Mark Statements will not be accepted**)

I hereby, declare that the particulars given above are true. If any of the particular furnished is found to be false, I agree to forfeit my admission.

Place :

Date :

Signature of the Parent

Signature of the Candidate

Note : The following documents must accompany the filled-in application:

1. Original and Xerox copy of Hr. Secondary Mark Statement, Provisional or Degree Certificate.
2. Demand Draft for Prescribed fee.
3. Filled-in Identity Card with Stamp Size Photo affixed.

Signature of the Admission Officer / Principal with Office Seal	Admitted / Not Admitted
	Joint Director

Received back the Original Certificate :

Signature of the Candidate :