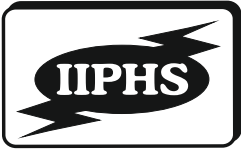


# IIPHS COLLEGE OF SAFETY MANAGEMENT



Approved Collaborative Institution of  
**ALAGAPPA UNIVERSITY**



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

536, Sri Sai JBM Complex, Poonamalle High Road, Arumbakkam, Chennai - 106.  
Ph. 89734 22883 & 89734 22884 | iiphsinfo@gmail.com | iiphsindia.ac.in

Aadhar No.:.....

Application No:.....

Admission no. :.....

Admission Date:.....

## APPLICATION FOR ADMISSIONS 20..... - 20 .....

Sl. 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):

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Father's Name :

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3. Address for Communication :

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Pin Code 

--	--	--	--	--	--	--	--

4. Student Mobile (with Whatsapp)

5.  Father  Mother  Guardian Mobile (with Whatsapp)

6. E-mail ID

7. Sex : 

M	F
---	---

8. Community : 

SC	ST	MBC	BC	OC
----	----	-----	----	----

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
	<b>Joint Director</b>

Received back the Original Certificate :

Signature of the Candidate :