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**APPLICATION FORM**

(TO BE FILLED IN CAPITAL LETTERS ONLY)

Course Name: Photography / English Communication / DHRM (Weekend) / DHRM (Evening) / Art of Selling

Name of Applicant: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)  
 Male  Female  Single  Married

Ref of course/inst from: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy) Blood Group: \_\_\_\_\_ Nationality: \_\_\_\_\_

Academic Qualification: \_\_\_\_\_

Email id: \_\_\_\_\_ Mob. No.: \_\_\_\_\_

Father's/Husband's Name: \_\_\_\_\_ Mob. No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Current Designation : \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Address For Correspondence: \_\_\_\_\_

\_\_\_\_\_

Area: \_\_\_\_\_ City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone Nos.: \_\_\_\_\_ Mob. No.: \_\_\_\_\_

Permanent Residential Address (If different from above): \_\_\_\_\_

\_\_\_\_\_

Area: \_\_\_\_\_ City: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Signature of Applicant

Fees Details: Total fees: \_\_\_\_\_ Receipts: \_\_\_\_\_ Receipt No.: \_\_\_\_\_