

Signature of Applicant

Certificate of the Parent /Guardian/Employer

Day Course

01. Name of father/mother/guardian :
.....
02. National Identity Card No:
.....
03. Address:
.....
.....
.....
04. Occupation :

I hereby agree to abide by the decision
taken by the head of the Institute in
event an any damage done to the institute
by

.....
Signature of Father/Mother/
Guardian.

Date:

**Photograph
For the
Applicant**

Part time Course

01. Occupation of the applicant
.....
02. Date of appointment
.....
03. Permanent / Temporary
.....
04. Name of the employer
.....
05. Address of the employer
.....
.....

06. Certificate of the employer
I hereby certify that the particulars
furnished by
(applicant name) are correct. He/she
will be released from duty so that he/she
will be able to report to the Institute in time
to follow the course.

.....
Signature of the employer

.....
Designation
Official stamp

Date:.....

For Office Use Only

Registration No.:

Date of Admission:

Course fee :

Receipt No. :

Library Deposit:

Receipt No. :