

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. : .....