NAFT

NATIONAL INSTITUTE OF FIRE SCIENCE & SAFETY TECHNOLOGY

AN ISO 9001:2015 CERTIFIED INSTITUTE

Technical Collaboration with TP-MSME & UGC approved University

APPLICATION FOR

Attach Latest Color Photograph

1. Name in CAPITAL LETTERS (In English): as per +2 Certificate

Mr. / Ms. / Mrs. (First Name) (Middle Name)

(Last Name)

2. Address in CAPITAL LETTERS (The address to which communications are to be sent)

District

Phone No. With STD Code

State

PIN CODE

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3. Date of Birth (in the Christian era) (as entered in the School Leaving Certificate) **Date Month Year** 1 9

E-Mail ID

4. Sex: Male ☐ Female ☐ Nationality:

5. Marital Status: Married ☐ Unmarried ☐

6. Name of the Father/Mother/Husband/Guardian:

7. Occupation: Government ☐ Non-Government ☐ Others ☐

8. Are you presently undergoing any other programmes, in any institution (including DDE) If yes, give details?

Yes ☐ **No** ☐

9. Qualifying Examination Passed:

Name of the Examination	Duration of the Course	Name of the University / Board	Registration No. And Year	% age of Marks	Class Obtained
10th					
10 + 2					
Others					

DECLARATION

i) I declare that the particulars given above are correct and I submit myself to the disciplinary and regularly jurisdiction of the authorities of the University/Board/Organization. who are vested with the rights to exercise discipline under the Act, the Statutes, and the Ordinances, and will strictly observe the rules and regulations that have been framed there under by the University.

ii) I hereby agree that with regard to disputes arising in all matters including admission, returning of original certificates after verification, sending of lessons, PCP's response, sheets, examinations, remittance of fees etc. only the courts and tribunals having jurisdiction over University/Organization and not over any other place, shall have jurisdiction for the purpose of filling a suit or preferring complaint under the Consumer Protection Act or any other law for the time being in force or taking any legal proceedings against the concern University/Board/Organization. I understand that the fees once deposited will not be returned under any circumstances.

Date:	**Signature of the Parent**	**Signature of the Applicant**

For Office Use Only

☐ (ELIGIBLE ☐ NOT ELIGIBLE)

CERTIFICATES VERIFIED

1) 10, 10+2 Mark List ☐
2) 10, 10+2 Pass Certificate ☐
3) Transfer OR Migration Certificate ☐

REMITTANCE PARTICULARS

Name of the Bank :
Draft/Challan Number :
Amount : Date:

Provisionally selected for admission subject to confirmation by the Director

Official-in-Charge	**Supdt./Sr. Supdt.**	**A.O./L.O./S.O.**

Admission Confirmed

Official-in-charge	**Section Head**	**DIRECTOR**