

<p><b>APPLICATION FORM</b></p> <p><b>FOR</b></p> <p><b>ADVANCED DIPLOMA IN INDUSTRIAL SAFETY (ADIS)</b></p> <p><b>(Academic Year 2023-2024)</b></p>	<p>Affix latest self attested passport size photograph with white background with name and date</p>
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<b>1. Personal Information</b>							
a.	Full Name (in BLOCK LETTERS) (as per School Leaving Certificate, enclose copy of Certificate)	First Name		Middle Name		Last Name	
b.	Father's Name (in BLOCK LETTERS)						
c.	Date of Birth (as per School Leaving Certificate)	DD		MM		YYYY	
d.	Category (Tick where applicable)	GEN	SC	ST	OBC	EWS	EX-SERVICEMAN

**(Attested copies in proof of the above shall be enclosed)**

<b>2. Mailing Address</b>	
a.	Permanent Residential Address
b.	Address for Correspondence

**(Attested copy of the document in support of residential address shall be enclosed)**

<b>3. Contact Details</b>	
a.	E-mail ID :
b.	Contact No. / Mobile No.
4.	Religion
5.	Mother tongue

6. Educational Details							
a. Details of Educational qualifications (From Secondary School onwards. Enclose copies of Certificates only) <b>Note: Documents such as Mark-sheets, Certificates of Training Programme, Workshops, Short-term Courses (less than 6 months) should not be attached.</b>							
Name of the Examinations passed	Name and Address of School/ College/ Institute	Year of passing with date	Marks Obtained Out of & Percentage	Class/ Division Obtained	No. of Attempts	Main and Other subjects	Full Time/ Part Time/ Correspondence
Matriculation Examination							
Higher Secondary Certificate Examination							
Diploma Engg./ B.E./B.TECH./ B.Sc.(Chemistry or Physics as major subject							
M.E./M.TECH./ M.Sc.							
Higher Education (if any)							
b. Details of qualification in Industrial Safety or equivalent Course							

7.	a.	Details of Experience after acquiring Essential Qualification : (in chronological order) <b>Note: Documents (such as Appointment Letters, Increment Certificates, Pay-slips) will not be considered as Experience Certificate</b>				
		Name and Address of the Organization	Designation and Scale of Pay	Experience in		Nature of Duties (enclose certificates)
				Years	Months	
	Total Experience					
	b.	Total Experience in Supervisory capacity alone (after acquiring essential qualification). Please attach Xerox copy of the certificate for supervisory capacity experience in detail issued by your employer(s)		Years	Months	

8.	In case of emergency, name, address and other details of the parent / guardian to be contacted including telephone No., mobile No., fax no., Email id, etc.			
9.	Extra-curricular activities, if any			
10.	Any other related information the applicant desires to give			
Place				Signature of the applicant
Date				Name of the applicant