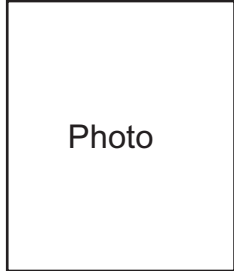


# Indian Institute of Professional Training

(Regd. Under Society Act 1860 Vide Regd. No. 1531, Regd. gov. of India)

ISO 9001:2008

## APPLICATION FORM



App. No.

Course Name Certification / Diploma		Reg. No.	
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Name in Capital Letters

Age  Sex  Date of Birth

Whether eligible for seat reservation, if yes specify

Permanent Address with contact no.

District  State

Phone  Mobile

Father/Guardian Name

Occupation of parent/Guardian

Annual Income of the Parent/Guardian

Relation of the Student

### Educational Qualification

Name of Examination	Subject	Board University	Year of Passing	% of Marks
10th				
10+2				
Degree				
PG				
Others (specify)				

### Declaration

I hereby declare that the information provided by me is true & subject to verification by IIPPT, I hereby acknowledge that I have read & understood the rules & regulations, fee structure, syllabus decided by IIPPT & I agree to abide by the same

Place :

Date :

Signature

App. No.

For Office use only

C.C. No. ....

Candidate Name : ..... D O B : .....

Reg. Fees : ..... Mode of Payment : ..... Dt .....

Verified : ..... Signature : .....

Class Commences on : : .....

