



CENTRAL INSTITUTE OF FIRE AND SAFETY ENGINEERING

मानव संसाधन शिक्षण विकास परिषद

COUNCIL OF HUMAN RESOURCE EDUCATION DEVELOPMENT



STUDENT REGISTRATION FORM

SESSION.....

Course Details

Course applied for Year

Where did you find out about the courses at our Institute College

Branch Why did you wish to this Course?

.....

Personal Details

Name

(Block Letters) (First Name) (Middle Name) (Last Name)

E-mail ID.

Landline

 Mobile No

Father's Name

(In Block Letters)

Mother's Name

(In Block Letters)

Date of Birth

 Age

Permanent Address :

.....

.....StateCity

Parent's Occupation Annual Income

(Attach Proof)

Nationality Gender (Tick) Male Female

Blood Group Category (Tick) General SC ST Others

(Attach Proof)

Local Guardian's Name & Address

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Please send completed application form along registration fee to The Admission Office

The Admission Office, Council, of human resource education development, Head Office Gandhinagar

FOR OFFICE USE ONLY

Application received Date.....

STUDENT HALLMARK SLEEPS

Students Name

College Institute Name

Course Applied for

Start Date End Date Sex City State

Officer Decision - Unconditional Conditional Reject

if conditional or Rejection Please specify the condition or reason for rejection

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Registration no.

Seat No.

Photograph

Signature of HRED director

Landline No.

Mobile No.

Academic Qualification (Starting from X or Equivalent of the certificate)
(Enclose attested photocopies)

Sr. No.	Examination Passed	Name of Board/ Institute	Year	Marks Obtained	% of Marks

Hostel Accommodation Required (Tick)

Yes

No

Any Professional / Academic Achievements :

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Declaration by the Candidate

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I declare that the information given above is true and complete to the best of my knowledge & belief, and if any of it is found to be incorrect my admission shall stand cancelled and I shall be liable to such disciplinary action as may be decided by the council. The decision of the council thereon shall be final.

Place

.....
Signature of the Student

Date

Declaration by the Principal / Guardian I undertake the responsibility of paying all dues of my student regularly and I bind myself for his/her dues compliance with all rules and regulations that are in force from time to time in the council.

Place

.....
Signature of the
Principal / director of training Institute

Date

Enclosure Check List (Tick) whichever is applicable)

1. Date of Birth Certificate
2. Attested Certificate and Mark Sheets of Class X, XII and Graduation
3. Character Certificate
4. Cast Certificate
5. Three Passport size coloured photographs
6. Permanent Residence Proof
7. Income Certificate