



COLLEGE OF INSURANCE STUDIES JODHPUR

APPLICATION FOR ADMISSION TO POSTGRADUATE DIPLOMA PROGRAM

Applied For _____ (Write name of the program)

**Recent Colour
Photograph**

Name of the Candidate _____

Gender	Male	Female	Date of Birth						
---------------	-------------	---------------	----------------------	--	--	--	--	--	--

Admission Category **General** **S.C** **S.T.** **OBC** **Diivyang**

Address for Communication _____

Mobile No.	Candidate	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
	Father/Mother	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

Email _____

Permanent Address if different from Communication Address

Academic Qualification particulars

	Board/University	Year of passing	Stream	Total Marks	Marks Obtained	%
10 th						
12 th						
Graduation/P .G. Year-Semester						

Name and Address of the Institution last studied _____

Medium of Qualifying Degree _____

CAT /CMAT/MAT Qualification, if any:

Year of Passing	Month	Score

Application Form Fees payment details (As applicable)

Challan Number _____ Date _____
 Transaction Bank _____ NEFT Transition No. _____ Date _____

Declaration by the Applicant

I have read the application and the prospectus and understood the implications thereof. I undertake to abide by the terms and conditions, mentioned therein and make no claims against College of Insurance Studies Jodhpur in event of decisions which may not be in my favour, according to terms and conditions or attributable to/ arising from my acts/conduct/behaviour/performance during my studentship at the Institute.

I hereby undertake that I will meet the attendance and academic requirements as prescribed by the College of Insurance Studies Jodhpur. I shall not hold the College of Insurance Studies Jodhpur or any of its Departments responsible for denial to appear in examination on account of inadequate attendance.

Place:

Date:

Signature of the applicant