

## International Safety Management Council

	APPLICATION FORM		)ate	_	
Course Title				_	
				_ Photo	
Father's Guardian's Name } ——				_	
		DOB			
Address					
E-mail:		Cont	act No		
	QUAL	IFICATION			
Sr. #	Certificate / Degree / Diploma	Years	Institute / Colle	ge / School	
_					
Experience _				I.T.	
				Vocational	
Reference				Technical	
				recrifical	
Working					
			Contact No		
REQUIREMENT	<u>s</u>				
<ul><li>Duly Filled App</li></ul>					
·	oy (Own / Father / Birth Certificate)				
<ul><li>Recent Photog</li><li>Sets of Educat</li></ul>	rapn ional Certificates / Degrees				
<ul><li>Sets of Educat</li><li>Experience (if a</li></ul>	· ·				
	nly declares that the above mention inforn	nation is true.		Signature	
This Diploma	/ Certificate is issued on the basis of Exist	ing Skills, Test and	d dose not Equivalence in a	ny board or deptt.	

## IMPORTANT INFORMATION

- I hereby sign the following undertaking with my own free will & discretion.
- That the Diploma arranged by *ISM Council* will be competency based examination and existing skill / test of the candidate.
- The Management of *ISM Council* only responsible for Genuineness of the Certificate / Diploma.
- The Management of *ISM Council* dose not any responsibility any attestation of the Diploma in any other office.
- I can not claim any right on *ISM Council* through court of Law.

## UNDERTAKING

I solemnly declare that all the information given in the application form and the supported documents attached by me are true to the best of my knowledge. I am fully aware that furnishing incorrect information, the institute will not responsible for the documents. I shall abide by the rules and regulations of the ISM Council.

## **FOR INSTITUTE / COLLEGE USE ONLY**

Roll No.

Marks Obtained/	Roll No				
Test of Skill/	Examiner Sig _				
Test of Knowledge/	Checked by _				
Marks/Grade/Percent (%)	Countersigned by _				
	Principal Sig.& Stamp				
FOR OFFICE USE ONLY					
Reg. No. ISMC	Trade Course				
Category	Duration of Course				