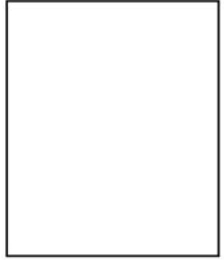




Chandralop Shikshan Prasarak Mandal's (Reg No. MH / 6003 / 7-2-2001)
**COLLEGE OF FIRE ENGINEERING
AND SAFETY MANAGEMENT**
Plot No. 3, N-7, Opp. Garware Ltd, Jalgaon Road, CIDCO,
Aurangabad (M S) - 431 003 Ph : 0240-2485686, 2487686, 09890678987
E-mail : info@fireengg.org Web site : www.fireengg.org



APPLICATION FORM FOR ADMISSION

Student No. Form No.

To,
The Director,

I wish to apply for Two Year / One Year / Six Months Course in _____
_____ and request you to admit me as a students of your College.
I have carefully gone through entire prospectus & promise to abide by all rules & regulations mentioned in the prospectus.

1. Name in Full : _____
(Surname) (First Name) (Middle Name)

2. Father's Name Shri : _____
Occupation : _____ Annual Income : _____

3. Date of Birth : _____ Blood Group : _____

4. Postal Address : _____

_____ Pin : _____

5. Permanent Address : _____

_____ Pin : _____

6. Telephone No.: (STD Code) _____ (O) _____ (R) _____

7. Academic Information :

Std.	Name of the School / College	Year of Passing	Board / University	% of Marks
X				
XII				

8. Branches Preferred :
1) _____ 2) _____

9. Hostel Required : Yes No

10. Hobbies and Interests : _____

I hereby declare that the information given in application form is correct to the best of my knowledge and belief

Place _____

Date : / / 200

Signature of Student

Signature of Parent