



D.L. FORM 02

INDIAN INSTITUTE OF SOCIAL WELFARE AND BUSINESS MANAGEMENT

MANAGEMENT HOUSE, COLLEGE SQUARE WEST, KOLKATA - 700 073

Application form for Admission in 18 Month Advanced Diploma in Fire Safety Management, Session - 2018 - 2019

1. Name : Mr/Ms. _____
(IN CAPITAL LETTERS) FIRST NAME MIDDLE NAME SURNAME

2. Father's / Husband's Name : _____

3. Father's/Husband's Occupation : _____

4. Date of Birth :
(ddmmyyyy)

5. Sex : Male Female Trans Gender

6. Do you belong to Scheduled Caste/Scheduled Tribe/OBC (Tick in the appropriate box)

SC ST OBC N/A

7. Permanent address : _____

8. Present address : _____

9. Telephone : Residence : _____ Office : _____ Mobile : _____

10. University Registration No :

11. Academic Qualifications (Secondary Onwards):

Examination	Board/University (Also Name of School/College)	Year	Main Subject (Specify Honours)	Marks Obtained	% of Marks	Class/ Div.

12. Other Qualifications/Extra-Curricular Activities : _____

13. Work Experience Details (if any):

Organisation Name & Address	Designation	Department	Salary per Month	Period of Service	Short Description of the Job

14. E-mail ID of the Applicant : _____

15. Signature of the Applicant with Date : _____

16. Application Fee Journal No. Date of Deposit

Important Instructions

✗ Duly Completed application form should reach the Reception of the Institute by **June 30, 2018** at the latest along with the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account No. 32495656710

✗ A scanned copy of the completed application form along with a scanned copy of the receipted counter foil meant for IISWBM of the State Bank of India, Power Jyoti Account No. 32495656710 should also be sent by e-mail : admissions@iiswbm.edu for record purpose.