CISM ACADEMY

COUNCIL FOR INTEGRATED SAFETY MANAGEMENT (TRUST)

Reg. No. 159/IV/2019
CISM Academy & Business School
Manorama Jn., Karithala Road, Ernakulam, Kochi - 16

APPLICATION FORM

Enrollment No.
(For Office use only)

AFFIX YOUR SELF ATTESTED RECENT COLOR PHOTOGRAPH HERE

To be filled by candidate neatly and legibly in his/her handwriting.

1. Name of Program _____ Code _____
2. Date of Enrolment _____
3. Admission Office _____ Code _____
4. Admission Category *

☐ Fresh Learner ☐ Open Education ☐ Lateral Entry ☐ Bridge Course ☐ Re-admission

5. Name in full (in BLOCK letters) in English
6. Father's name (in English)
7. Mother's name (in English)
8. Permanent Postal Address (in full)
9. Contact Number
10. Email id
11. Name of the Last Qualification (As per Eligibility rules)
12. Sex * ☐ Male ☐ Female
13. Date of Birth* ☐☐ ☐☐ ☐☐☐☐
14. Nationality * _____
15. Category* ☐ General ☐ SC ☐ ST ☐ OBC ☐ PH
16. Course Applied for
16. Programme Fees _____ Course Fees _____ Fee Paid _____ To Pay _____

Date :

Signature of the Candidate