

DATE:.....(DD/MM/YYYY)

**Government Recognized** An ISO 9001: 2008 Certified

Form No.

## NATIONAL FIRE SAFETY COUNCIL, AURANGABAD (Constituted by under Indian Govt. S.R. Act 1860 of 21 & BPT Act 1950 of 29, Government of Maharashtra.)

ADMISSION CUM EX	AMINATION FORM	,
All entries must be filled by the candidate himself/herself in		
"NA" where Not applicable in the box. The Applicable in the box.	cation Form consists of two pages	Affix a recent passport size colour photograph
(for office ose only)		Do not use pin or
PROGRAMME OF STUDY		stapler.
COURSE CODE*: SESSION*:	Year * :	
COURSE APPLIED FOR* :		
PERSONAL INFORMATION		'Li
NAME OF CANDIDATE*:		
(As Entered In Secondary / Senior Secondary Certificate )		
FATHER'S NAME*:		
MOTHER'S NAME*:		
DATE OF BIRTH*: MALE FEMALE NATIONALITY:		
PERMANENT	PHYSICAL FITNESS:	
HOME ADDRESS :	HEIGHT : WEIG	HT:
CITY/ TOWN* :	CHEST: BLOOD GROUP :	
STATE :		
PIN CODE :	AADHAR NO.*:	
MOBILE NO.*:	MOBILE NO.*:	
ACADEMIC INFORMATION:		
Sr. No. EXAM. PASSED NAME OF BOAR	RD / UNIVERSITY MARKS OBTAINED YEAR OF PASSING	
TICK IN APPROPRIATE BOX :		
Mark sheet / Certificate Xerox College or Sc	thool Living Certificate ID CARD	Three Photos
DECLARATION (by the applicant):  I have carefully read the rules and regulation given information provided by me in the application form  NOTE: Fee once paid will not be refunded. No carry forward in the batch he / she is admitted to.  DATE:/	is true and correct to the best of my know	ledge.
PLACE :	SIGNATURE C	OF CANDIDATE
FOR AUTHORIZED	TRAINING CENTER USE ONLY	
ATC CODE NO.:	Fo	orm No.
ATC NAME & ADDRESS :		