



# VIMAL FIRE & EMERGENCY TRAINING INSTITUTE

## APPLICATION FOR ADMISSION OF COURSE

Name in Full: \_\_\_\_\_

(Surname First)

Fathers Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_ Pincode: \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile No. \_\_\_\_\_

Address of Communication: \_\_\_\_\_

\_\_\_\_\_ Pincode \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Pasport size  
photograph

### Languages Known:

Language	Read	Write	Speak
Hindi			
English			

### Education Qualification:

Sr. No.	Name of the Examination	Board/University	Year if passing	% Obtained	Major Subject

### Work Experience:

Sr. No.	Organisation	Nature of work	From	To	Remark

### Documents Required:

1. Photo
2. Education Qualification
3. Experience Certificate
4. Service Certificate
5. Identity Proof:
  - Pan Card or Driving License

Signature of The Candidate

### **DECLARATION**

I hereby solemnly declare that the information submitted in this application is true and correct to the best of my knowledge and belief. In case if the same is found to be false or misleading I understand that a legal action can be taken against me and I am liable to be expelled from the institute.

I also declare that I am having clean record and possess high moral character.

I have read and understood the rules of the institute and I assure the authority of the institute to abide by the same during the tenure of my study with the institute. I also assure the institute of observing highest level of discipline and to participate in all practical/live fire exercises.

I also agree that institute reserves the right to terminate me and cancel my admission as well as the fees paid will be forfeited if do not maintain the discipline in the institute and if I do not abide by the rules and regulations of the institute.

I am joining this course as per my free will, as I am desirous to make up my career in this field. I am joining this course at my /sponsors cost. I am joining this course at my risk and responsibility. I hereby absolve the authorities of the institute of Fire Safety and Disaster Management for all the responsibilities for any loss or injury or damage or any other disability suffered by me or death while under training.

I assure you to give the periodic test, participate in-group discussion, evaluation study examinations and I will not challenge the decision of the institute of all such examination / evaluation results and attachment.

I am possessing good health and not passing from any major ailments, which needs continuous medical treatment I am prepared to appear for usual medical test by the Medical Practitioner appointed by the institute, in case need.

I am aware that the fees once paid to the institute is not refundable or transferable under any circumstances and I shall not risk for its refund, even in the event of cancellation of admission by me or by the institute.

Dated

Signature of applicant

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