

Details of Academic records of qualifying examination - Master Degree

Qualifying Degree	
Branch	
Name of the College:	
University:	
University Reg. No.:	

Particulars of Qualifying Examination Passed

Year	Semester	Max.Marks	Marks Obtained	% of Marks	Passing	
					Month	Year
I	I					
	II					
II	III					
	IV					
TOTAL						
CLASS OBTAINED:						

Working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Please provide details of Work Experience (Attach relevant documents):			
Name of Employer	Nature of Organization (Govt./Semi Govt./Private)		Post Held	Date of Join	Date of Leave	Length of Service

NO OBJECTION LETTER FROM SPONSORER

(Applicable only for Sponsored Candidates.) (Note: Get it forwarded in the application form itself)

The undersigned is pleased to permit Mr./Ms. _____ who is working in this organization from (dd/mm/yyyy)_____ and presently holding the rank / position _____ for pursuing the PGDISM course. The Organization would permit him /her immediately for joining Post Graduate Diploma in Industrial Safety Management course, if selected for admission. The candidate will be allowed to be present at the Institute as required by the academic schedule for a period of one year and will be in service till the completion of the course.

Organization:	<input type="checkbox"/> Govt.	<input type="checkbox"/> Semi Govt	<input type="checkbox"/> Private
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Firm Registration No. (in case of private):

Name:	Signature of Head of the Organization / Institution with seal
Designation:	
Date:	

Details of application along with DD of ₹ 1000/- (non refundable)
in favour of 'INTERNATIONAL INSTITUTE OF INDUSTRIAL SAFETY MANAGEMENT " payable @ Bangalore

DD Number	
Date	
Bank / Branch	

List of Enclosures (Photo copy only)

- Statement of marks of SSLC / Class X or DOB proof
- Marks list of each semester / Year of Qualifying Degree
- Certificate of Professional Experience (if applicable)
- Degree Certificate issued by University

Declaration by the Applicant

I declare that all the information given by me is true and authentic to the best of my knowledge and belief. If I admitted on the basis of incorrect / false information, I agree that, IISM reserves the right of prosecution and cancellation of seat without notice.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

1. Application received date
2. Application number
3. Aggregate % of all the examination of degree
4. Eligible / Not eligible

Verified by

Co-ordinator's Signature

Note: Duly filled application forms along with DD & relevant documents should be sent to below address by speed post or courier

IISM - INTERNATIONAL INSTITUTE OF INDUSTRIAL SAFETY MANAGEMENT,
#460/B, 4th Phase, Peenya Industrial Area, Near to N T T F Circle, Adjacent to Indian Oil Petrol Pump (Opp to Hotel IKONIC), Peenya, Bangalore - 560 058 .

Mobile: 9880612889, 9663611714.

Web: www.iism.com

Email ID: info@iism.com