

PD INSTITUTE

An ISO 9001:2008 Certified Institute A College for Excellence in Gems & Jewellery Education









APPLICATION FORM

TO BE Filled in BLOCK LETTERS ONLY

Form No.						
Course Applied – B. Master's Diploma in			Affiliated from RIS	Date :		
PERSONAL DETA	ILS					
Name of Candidate ((First Name)	(Mic	(Middle Name)		(Last Name)	
Date of Birth (DD/M	M/YY)/_					
Gender	Cate	gory	Nation	ality		
Phone No. (with STD Code):		Mobile No.:	E-mail			
Present Address						
	City			Pin Code		
Correspondence Add	lress					
2	City	State	Pin Code			
Parent's/Local Guar	rdian's Details					
Parent's I Guardian's Name (First Name)		(1	Middle Name)	(Last Name)		
Relationship with the	Candidate					
Parents I Guardians Profession		Family Income (per annum)				
Phone No. (with STD Code):		Mobile No.:	E-mail			
EDUCATIONAL Q	UALIFICATION	s				
Examination	Name of School/College	Board/University	Stream/Subject	Year of Passing	Percentage/ CGPA	
Secondary (10th)						
Sr. Secondary (12th)						
Graduation						
Post Graduation						

WORK EXPERIENCE IF ANY

Duration	Employer	Designation	Reason for leaving	Emoluments

INSTRUCTIONS FOR FILLING UP THE FORM

- Application Fees for Degree program is Rs. 250 and there is no application fees for non-degree program.
- · All columns in the Application Form must be filled in by the applicant and signed on the appropriate places.
- · Minimum Educational Qualification to enroll is SSC/10+2, hence attach the copy of relevant documents
- · Documents Required
- · Proof of Educational Qualification (Self Attested Copies)
- Copy of Photo Identity, Residence proof, Aadhar Card Mandatory(Other Valid ID Proofs are Voter ID Card, Driving License, Passport)
- · 3 passport size photographs, one to be pasted on application form and others with name and signature on the reverse side to be attached with the application form

GENERAL RULES & REGULATION

- · Fees once paid are non refundable in any case.
- All dues towards the institution must be cleared before the examination; otherwise students will not be permitted to appear in the exams.
- The students are required to have at least 90% attendance in order to qualify for the final examination and to get Assistance in placements.
- · All Students are required to give leave application at least a week prior, stating the reason.
- It is imperative to inform the respective class teacher for absence due to illness or any other unforeseen circumstances.
- Any Syllabus component matter once completed in the class shall not be repeated for the absentees. In exceptional cases, however, the instructor/Institute management may consider for an extra class or extra time by paying extra fees for the specific module, depending on the availability of the faculty and batch shift..
- We expect that students reach on time failing which late arrivals will be asked to give a fine.
- The fee, duration, timings and starting dates of the courses given are tentative and are subject to change.
- · A student is Liable to be suspended or expelled from the institute if she/he is found guilty of misconduct.
- · Parents can meet the teachers through a prior appointment on the institution's telephone numbers.
- On rare occasions the institute may be forced to postpone/reschedule a course. Outstation candidates must therefore confirm the exact date of commencement one week before the schedule date. The course shall be commenced only if the required minim um number of candidates is achieved. The institute shall not be responsible for any liability whatsoever arising out of such a situation.
- · Institute's management decision shall be final & binding.
- All disputes are subject to Jaipur Jurisdiction.

FOR OFFICE USE

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Course Suggested		
Course Schedule Date and Time		
Commencement Date	Time Slot	
Payment Terms: Lumpsum / Installment		
If Installment: Initial Amount:	Monthly/Quarterly:	Installment Amount :
DECLARATION		
I Promise to abide by the Rules & Regulations in thi form time to time.	s form and all the Instructions wh	nich may be given by management of the instituti
DA DENT/CHA DOLAN GIONATUDE	CAN	NID ATEL CLON ATURE
PARENT/GUARDIAN SIGNATURE	CANI	DIDATE's SIGNATURE
Name of Parent/Guardian	Name	of Candidate
Signature	Signat	ure
Date	Date	