

INIFD Campus, Above Raj Motors
Opp. Geetai Shopping Mall, Paud Road,
Kothrud, Pune. Maharashtra – 411038

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DETAIL FORM

Name : _____ (first name) (middle name) (last name)

Course Interested: _____

Other Details : _____

**Affix
Photograph**

PERSONAL DETAILS

(All Information declared by the Student is strictly confidential and will be used only for local administrative records)

PERSONAL DETAILS	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Single <input type="checkbox"/> Married
	Date of Birth: dd / mm / yyyy
	Place of Birth: _____

OFFICIAL	Nationality: _____
	Passport no: _____
	Bank Loan: Yes / No
	Others: _____

CONTACT	Whatsapp No: _____
	Mobile: _____
	Guardian: _____
	Email: _____

CORRESPONDENCE ADDRESS	_____

	City / Town: _____ Dist: _____
	State: _____ Pin: _____

PERMANENT ADDRESS	_____

	City / Town: _____ Dist: _____
	State: _____ Pin: _____

PARENTS DETAILS	Father's Name: _____
	Mother's Name: _____
	Mobile: _____
	Home: _____
	Address: Correspondence / Permanent

EMERGENCY CONTACT	Name: _____
	Relationship : _____
	Mobile : _____
	Home: _____
	Email : _____

LAST EDUCATION	Name: _____
	Board/University: _____
	Marks Obtained: _____
	Percentage: _____
	All Subjects Pass: Yes / No

	Due date	Yr-1	Yr-2	Yr-3
Install 1	dd / mm / yyyy			
Install 2	dd / mm / yyyy			
Install 3	dd / mm / yyyy			
Install 4	dd / mm / yyyy			
Install 5	dd / mm / yyyy			
Fees*				

I confirm to abide by the rules and regulations of the Institute. All the Information given by me are true and correct.

(Signature of the Student)

(Signature of the Guardian)