

# Inter National Institute of Fashion Design



CENTRE NAME: \_\_\_\_\_

CENTRE CODE: \_\_\_\_\_

SESSION: \_\_\_\_\_

Name in CAPITAL LETTERS (In English): \_\_\_\_\_ Mr./Ms./Mrs. \_\_\_\_\_

Date of Birth: Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex: Male  Female

Name of the Father/Mother/Husband/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Government  Non-Government  Others

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

Pin Code: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ E-Mail \_\_\_\_\_

### Academic Details

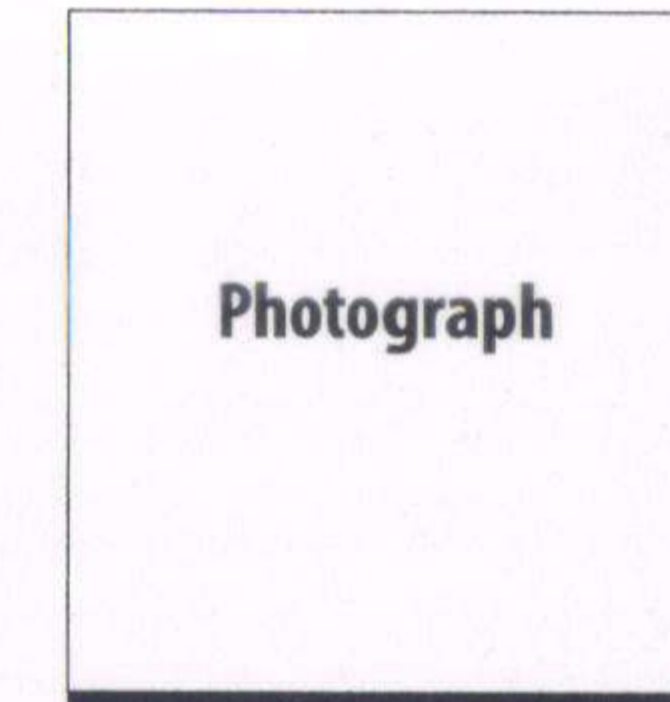
School/College	Board/University	Year	Subject	% of Marks

I.....hereby certify that I am applying for the above stated certificate course in the Inter National Institute of Fashion Design (INIFD) which is a private institute and the information stated above is correct. I understand that the payment once made to the institute will not be refunded under any circumstances. I will obey the rules and regulations throughout the course, once admitted to the institute.

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

### For Office Use

Program \_\_\_\_\_ Duration \_\_\_\_\_



### Program of Study

- Fashion Design
- Interior Design
- Textile Design

### Program Duration

- One Year
- Two Year

### Batch

- Morning
- Afternoon
- Evening

Signature of Applicant \_\_\_\_\_

Signature  
CENTRE DIRECTOR \_\_\_\_\_