

HOW TO APPLY

ADMISSION APPLICATION FORM : UG COURSE B.Sc. (FAD) 2025-26

Eligibility for Admission : Wards of serving and retired Armed Forces (Army Personnel, Indian Air Force (IAF), Indian Navy (IN), few seats reserved for Paramilitary Forces pers like Assam Rifles, Coast Guard etc, Central Armed Police Forces like CRPF, BSF, ITBP etc and Karnataka Civilians).

Educational Qualifications : The applicant must have passed 11th and 12th Std having studied same combination for two years regular students with a minimum of 35% aggregate marks from a recognized board. Bengaluru North University norms will be followed with regard to admission approval, refund of fees and retention of original documents from time to time. Candidates who have passed their 10+2 examination as a regular candidate are only eligible for admission to B.Sc. (FAD) course as per Bengaluru North University norms. Candidates who have passed through distance education system or privately through NIOS (National Institute of Open Schooling) have to offer the same combination of subjects in both 11th and 12th Standard.

MANDATORY DOCUMENTS REQUIRED TO BE ATTACHED WITH THE APPLICATION FORM FOR ADMISSION TO B.Sc. (FAD) COURSE 2025-26

1. **"DOWNLOADED ADMISSION APPLICATION FORM SHOULD BE FILLED BY HAND AND SEND THE SCANNED COPY OF THE SAME ALONGWITH CONNECTED DOCUMENT TO THE INSTITUTE EMAIL admission@aifd.edu.in"**

(a) Fill up all the Columns mentioned in the Admission Application Form.

Attach the Following Certificates :-

- (b) Certificate No 01 / Certificate No 02 / Certificate No 03 whichever is applicable (Defence Personal only).
- (c) Medical Fitness (duly authenticated by any Medical Officer).
- (d) Willingness Certificate.
- (e) Declaration by the Candidate.
- (f) X/SSC/ICSE Certificate.
- (g) XI Certificate (progress report).
- (h) XII Certificate if passed previous year or else mention appearing.
- (j) Caste Certificate (if SC/ST/OBC).
- (k) Details of Gallantry Awards (If Yes) attach Gazette Notification.

2. **Admission Registration Fee Details.** Candidates should pay the Admission Regn Fee for a sum of Rs 1,000/- through NEFT/RTGS Transfer as per the details given below :-

(a)	Name of Bank	:	State Bank of India
(b)	Account No	:	64061006903
(c)	Name of Account	:	AIFD Reserve
(d)	Branch	:	Kothanur Branch
(e)	IFSC Code	:	SBIN0017734

Note : Kindly forward a scanned copy of Bank receipt of Rs 1,000/- as a proof through Institute E Mail aifd@awesindia.edu.in without fail by writing details of student for updating of our records.

3. For Course details refer Institute E Prospectus in Institute website (aifd.edu.in).

4. **Note** : Students those who are not able to attach Certificate 01 at the time of filling admission application form, can upload the similar certificates like parents serving certificate duly signed by OC Unit and for Ex Servicemen can attach copy of Discharge Book (Family details page in that student name should be indicated). However, at the time of joining to this Institute, the students should submit "Certificate 1" as per format attached without fail.

CERTIFICATE NO – 1

CHILDREN OF SERVING ARMY PERSONNEL HAVING 10 YEARS CONTINUOUS SERVICE IN THE ARMY, RETIRED / RELEASED / DISCHARGED AFTER 10 YEARS OF SERVICE / KILLED IN ACTION / DIED DURING SERVICE / DISABLED IN ACTION / MEDICALLY BOARDED OUT WITH PENSION

(By OC Unit / Army Personnel Branch / DSS & Board / Record Office)

1. Certified that Mr/Ms _____ is Son/ Daughter of No _____ Rank _____ Name _____ Unit _____ who has 10 year of continuous service in the Army from _____ to _____.

2. Certified that Mr/Ms _____ is Son/ Daughter of No _____ Rank _____ Name _____ who has been released / discharged from Army after 10 year continuous service from _____ to _____.

3. Certified that Mr/Ms _____ is Son/ Daughter of No _____ Rank _____ Name _____ who has been granted / awarded regular pension, liberalized family pension, family pension or disability pension at the time of his superannuation, demise discharge, release medical board / invalided medical board.

4. Certified that Mr/Ms _____ is Son/ Daughter of No _____ Rank _____ Name _____ ex recruit No _____ Name _____ who was medically boarded out and granted disability pension.

Place : _____ OC Unit/Head of Department/
Records Office/DSS & A Board
Date : _____ Name
Designation
Office Seal

Name and Signature of the Candidate.....

Name and Signature of Parent.....

Notes : (a) Strike out the portion which is not applicable.

(b) If retired/released with pensionary benefits, attach Certificate from pension paying authority.

(c) If retired/released on medical grounds with disability pension, attach copy of medical board proceedings.

(d) If released/discharged after 10 years of service, attach copy of discharge certificate / release order.

CERTIFICATE NO – 2

**STEP CHILDREN OF ARMY PERSONNEL WHO WERE BORN FROM WEDLOCK
WHERE ATLEAST ONE PARENT BELONGED TO THE ARMY/ADOPTED
CHILDREN OF ARMY PERSONNEL WHO HAVE BEEN ADOPTED ATLEAST
5 YEARS PRIOR TO COMMENCEMENT OF COURSE**

(By Personnel Branch Army HQ/OC Unit)

1. Certified that Mr/Ms _____ is Son/ Daughter of
No_____ Rank_____ Name_____ Unit
_____ and he/she was born from wedlock where the father/mother belonged to Army
and had served in the Army for 10 years or is serving in the Army and has minimum 10 years of
service.

2. Certified that Mr/Ms _____ is Son/ Daughter of
No_____ Rank_____ Name_____, who has 10 years or is
service in the Army and he/she was adopted on _____ (5 years prior to commencement of course).

.....
Signature & No, Rank and Name of the Parent

Place :	Signature of the Concerned OC Unit/Concerned Record Office)
Date :	Name Designation Office Seal

Name and Signature of the Candidate.....

- Notes : (a) Attach copy of legal papers and Part II Order of adoption of child.
(b) Attach Certificate/Part II Order of birth and copy of kindred roll.

CERTIFICATE NO – 3

**CHILDREN OF ARMY MEDICAL CORPS/AD CORPS OFFICERS SERVING
IN AIR FORCE/NAVY MEDICAL ESTABLISHMENT/MNS/APS AND TA PERSONNEL**

(By Parent, Countersignature by OC Unit)

1. I, No _____ Rank _____ Name _____
Father/Mother of _____ certify that :-

(a) I am/was commissioned in Army Medical/Army Dental Corps and have/had not been seconded to Navy or Air Force and have 10 years of service in the Army.

(b) I am/was commissioned in Army Medical /Army Dental Corps and have been transferred to Navy or Air Force but I have served in the Army for minimum ten years.

(c) I am an APS personnel directly recruited into APS and who has put in more than 10 years of service in the Army from _____ to _____.

OR

(d) I am an APS personnel directly recruited into APS and who is still serving in Army wef _____.

(e) I am a TA personnel who is in receipt of pension/who and has put in more than 10 years of embodied service in TA from _____ to _____.

(f) I am MNS personnel and who is in receipt of pension/who has put in more than 10 years of service as member of MNS.

Place :

Signature

Date :

Name, Designation and Unit

**CERTIFICATE
(BY OC UNIT)**

The facts in the above mentioned undertaking have been verified from official records and found correct.

Date :

OC Unit (for serving personnel)

Office Seal

DSS & A Bd (for retired personnel)

Name, Designation and Unit

COUNTERSIGNED

Date :

Concerned Staff Officer of Fmn HQs
(for serving personnel)

Office Seal

DSS&A Board (for retired personnel)

Name and Designation

Name and Signature of the Candidate

1. Strike out the portion/Para not applicable.
2. Relevant documents of service records.

MEDICAL FITNESS

By OC MH/ AUTH MEDICAL ATTENDANT

1. It is certified that I have carefully examined Mr/Ms _____ age _____ son/daughter/wife of _____ and further certify that he/she has good physical and mental health and free from any disability likely to interfere in his/her undergoing _____ Course. He/she has no abnormality in the heart and lungs and history of mental disease or epileptic fits. His/her major test results are as under :-

- (a) Height : _____ cms
 - (b) Weight: _____ kgs
 - (c) Chest _____ cms Expanded _____
 - (d) Vision :- Better Eye Worst Eye
 - (i) Distance Vision
(corrected)
 - (ii) Near Vision
(Corrected)
 - (e) Hearing: Left Ear Right Ear
 - (f) Blood Group
 - (g) Visible Identification Mark of the candidate
-

Place :

Date :

Signature of OC MH/
Auth Med Attendant
Head of Department
Name
Designation
Office Seal

WILLINGNESS CERTIFICATE

1. I Son/daughter of declare that :-
- (a) I fulfil all the eligibility conditions for admission to **Army Institute of Fashion & Design** as laid down in the prospectus.
 - (b) I have passed / am appearing in the qualifying examination in _____ (Year).
 - (c) I have read all the rules for admission to **B.Sc. (FAD)** Course and only after understanding these rules, I am submitting this declaration.
 - (d) The information given by me in my application is true to the best of my knowledge.
 - (e) I hereby agree to conform to any rule, act and law enforced by **Army Institute of Fashion & Design / Bengaluru North University** and I hereby undertake that as long as I am a student of Army Institute of Fashion & Design, I will do nothing either inside or outside the Institute that will result in disciplinary action against me under the rules, act and laws of the Bengaluru North University/ Army Institute of Fashion & Design.
 - (f) I fully understand that the Management of Army Institute of Fashion & Design will have full liberty to expel/rusticate me from the Army Institute of Fashion & Design for any infringement of the rules of conduct and discipline prescribed by the Bengaluru North University / Army Institute of Fashion & Design and the undertaking given above.
 - (g) I undertake and bind myself to pay tuition fee and other charges as laid down in prospectus, I fully understand that the case of fee revision is under the consideration of Management of the Army Institute of Fashion & Design / Fee Regulatory Committee. I also undertake to pay the revised fee and other charges as revised by Army Institute of Fashion & Design from time to time and in case of default on my part the Management of the Army Institute of Fashion & Design may take action as deemed fit including striking off my name from the rolls of the college.
 - (h) I fully understand that ragging is banned in the College and Hostel and if I indulge in such an act, I shall be subject to laid down punishment.

2. I have read and I certify / accept all of the above clauses.

Signature of the Parent
Date :

Signature of the Candidate
Date :

ACCEPTING AUTHORITY
(For Office use only)

1. Accepted/Rejected :
(Mention in Ink in front)

2. If rejected assign reason clearly :

Date : (Signature along with Name & Designation)

DECLARATION BY THE CANDIDATE

1. I _____ declare that :-
- (a) I fulfil all the eligibility conditions as laid down in the prospectus.
 - (b) I have passed / am appearing in the qualifying examination in **2025-26**.
 - (c) I have read all the rules for admission to the Course and only after understanding these rules, I have filled in this Application Form.
 - (d) The information given by me in my Application Form is true to the best of my knowledge and belief.
 - (e) I hereby agree to confirm to any rule, act and law enforced by Govt / AWES / Institute / University and I hereby undertake that as long as I am a student of this Institute, I will do nothing either inside or outside the Institute that will result in disciplinary action against me under the rules, acts and laws of the affiliating University / AWES / Institute.
 - (f) I fully understand that the Management of this Institute will have full liberty to expel / rusticate me from the Institute for any infringement of the rules of conduct and discipline prescribed by the University / AWES / Institute and the undertaking given above.
 - (g) I undertake and bind myself to pay such fees, charges etc, which Institute may levy from time to time and in the event of failure on my part and / or on the part of my son / daughter in this regard, the Management of the Institute may take such legal action as deemed fit.
 - (h) I fully understand that the ragging is banned in the Institute and Hostel and if I indulge in such act, I shall be subjected to laid down punishment.

Place :

Date :

(Signature of the Candidate)

2. I have read and I certify / accept all of the above clauses.

Place :

Date :

(Signature of the Parent / Guardian)
Name and Rank of Parent / Guardian