

ADMISSION APPLICATION FORM
2024-25

ARMY INSTITUTE OF FASHION & DESIGN
BANGALORE-560077

B.Sc. (FASHION AND APPAREL DESIGN)
B.Sc. (INTERIOR DESIGN & DECORATION)

(Kindly tick the Name of Course)

(Please read instructions carefully before you fill in the form)

DATE OF WAT : 14 Apr 2024 (Sunday) (10.00 AM to 01.00 PM)

Application No _____
(To be filled in by the Office)

Paste here your
latest passport
size photograph

(4.5 x 3.5 cms)
(duly attested)

1. Name of the Candidate

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2. No, Rank and Name of the Father/Mother as applicable. (Whomsoever is/was serving in Army)

3. Father's Rank in the Army _____ Unit _____

Corps / Regiment _____ (applicable for all serving / retired)

4. Nationality □□ (01 – Indians, 02 – NRI)

Date Month Year

5. Date of Birth □□ □□ □□□□

6. Sex □□ (01-Female, 02- Male)

7. Eligibility Certificate :-

	Certificate	
Personnel Serving / Retired with pensioner benefits Wards of Windows (who died in War)	1	
Step children / Adopted children of personnel as per criteria given at Para 7 (b) of the Prospectus	2	
AMC Offrs with AF/Navy Est/APS/TA/MNS Officers	3	

8. Details of Gallantry awards/Distinguished services/Mention in dispatches/War widow Give details _____ (Refer E Prospectus in the Institute Website)

9. Qualifying Exam (U.G.) _____ (write 10+2 pattern CBSE, ICSE or PUC/Other State Boards) Year of passing/ appearing in Qualifying exam _____ (write year)

Choice of WAT Exam Centre : APS, _____

10. Religion of the Student (please tick)
Hindu/Christian/Muslim/Sikh/Jain/Buddhist
11. Mention if, SC/ST/OBC (attach cert) Annual Income of Parent if belonging to SC/ST/OBC (attach cert).

12. Permanent Home Address :-

Pin _____ Ph. No with STD Code _____ Mobile _____

13. Parent's E-mail – ID _____ and Student's E-mail – ID _____

14. Full Postal Address of Candidate: (For all correspondence)

Pin _____ Ph. No with STD Code _____ Mobile _____

15. Official Address of Parent : _____
(For serving Army personnel)

16. Declaration by the Candidate

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 _____ (Year).
- (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 conform 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.

17. The Institute reserves the right to verify the antecedents or documents submitted by the candidate at any time during their period of study. In case it is found that the documents submitted by the candidate are not genuine, then his/her admission shall be terminated. The admission offered to a candidate who has been provisionally admitted to a Programme will stand cancelled if he / she does not submit the relevant documents in their original pertaining to admission (such as Marks Statements, Transfer Certificate, Conduct Certificate, Digilocker copy etc.) during enrolment before the date stipulated by the authorities. Even after admission, the management reserves all rights to cancel the candidate's admission, in case, any discrepancy is noticed on verification of facts from the original certificates / The decision shall be final and binding on the candidate. AIFD cannot be held responsible for any loss or damage arising out of such cancellations of admissions. The institute reserves the right to reject any application/deny admission based on the medical/physical/differently abled condition of the applicant.

18. 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 admission@aifd.edu.in without fail by writing details of student for updating of our records.

19. Name and contact details of one prominent person for character verification of the candidate

Place :

Date :

(Signature of the Candidate)

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

Place :

(Signature of the Parent/Guardian)

Date :

Name and Rank of Parent/Guardian

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
Name
Designation
Office Seal

Date :

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.

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) / B.Sc. (IDD)** 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)

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