ADMISSION APPLICATION FORM 2024-25

ARMY INSTITUTE OF FASHION & DESIGN BANGALORE-560077

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

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

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

Paste here your latest passport size photograph

DATE	OF WAT: 14 Apr 2024 (Sunday) (10.00 AM to 01.00 PM)	Siz	e photograph	
	e filled in by the Office)	'	.5 x 3.5 cms) uly attested)	
1.	Name of the Candidate			
2. Army)	No, Rank and Name of the Father/Mother as applicable. (Whomsoever is/was serving in			
3.	Father's Rank in the Army Unit			
	Corps / Regiment (applicable for all serving /	retired)		
4.	Nationality (01 – Indians, 02 – NRI)			
5.	Date Month Year Date of Birth			
6.	Sex (01-Female, 02- Male)			
7.	Eligibility Certificate :-			
		Certificat	e	
	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. Boards	Qualifying Exam (U.G.)(write 10+2 pattern CBSE, ICS s) Year of passing/ appearing in Qualifying exam(write	E or PUC/ year)	Other State	
	Choice of WAT Exam Centre : APS,			

10. Religion of the Student (please tick)
Hindu/Christian/Muslim/Sikh/Jain/Buddhist

knowledge and belief.

11. Mention if, SC/ST/OBC (attach cert) Annual Income of Parent if belonging to SC/ST/OBC (attach cert).

12.	Perm	manent Home Address :-	
 Pin _		Ph. No with STD CodeMobile	
13. ID		ent's E-mail – ID	and Student's E-mail -
14.	Full f	Postal Address of Candidate: (For all correspondence)	
 Pin _		Ph. No with STD CodeMobile	
15.		cial Address of Parent :serving Army personnel)	
16.		laration by the Candidate	
	(a)	I fulfil all the eligibility conditions as laid down in the prosp	ectus.
	(b)	I have passed / am appearing in the qualifying examinatio	n in (Year).
	(c) these	I have read all the rules for admission to the Course and ce rules, I have filled in this Application Form.	only after understanding
	(d)	The information given by me in my Application Form is tru	e to the best of my

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

<u>Note</u>: 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.

18.	Name and contact details of one prominent person for character verification of the candidate	
Place	:	
Date :		(Signature of the Candidate)
19.	I have read and I certify / accept all of the ab	ove 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.	Certifie	ed that Mr/Ms			is Son/ Daughter
of	No	ed that Mr/Ms Rank	Name		Unit
		who has 10	year of continuous se	ervice in the Army fron	n to
2.	Certifie	ed that Mr/Ms			_is Son/ Daughter
of No_		ed that Mr/Ms Rank rom Army after 10 year		who h	nas been released
/ disch	arged f	rom Army after 10 year	continuous service fro	m to	
3.	Certifie	ed that Mr/Ms			is Son/ Daughter
of No_		ed that Mr/Ms Rank	Name	who h	nas been granted /
award	ed regu	lar pension, liberalized	family pension, family	pension or disability p	ension at the time
of his	superar	nuation, demise discha	rge, release medical b	oard / invalided medica	al board.
4	Certifie	ed that Mr/Ms			is Son/ Daughter
of N	0	ed that Mr/Ms Rank	Name		ex recruit No
		Name	who wa	as medically boarded	out and granted
disabil	lity pens	sion.			
DI				00 11-3/111(D	-1
Place	:			OC Unit/Head of Depar Records Office/DSS &	
Date	:			Name	A board
	•			Designation	
			(Office Seal	
Name	and Sig	nature of the Candidate)		
Name	and Sig	nature of Parent			
Notes	: (a)	Strike out the portion w	hich is not applicable.		
	()				
	(b) author	If retired/released with ity.	pensionary benefits, a	ittach Certificate from p	ension paying
	(c)	If retired/released on m	nedical grounds with d	isability 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.	1	So	on/daughter o	f		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 ap	pearing in the	e qualifying exa	mination in	(Year).
	(c) after u	I have read all the rule nderstanding these rule) Course and only
	(d)	The information given	by me in my	application is tru	ue to the best of	my knowledge.
	am a s	I hereby agree to coron & Design / Bengal student of Army Institute that will result in engaluru North University	uru North Ur e of Fashion disciplinary a	niversity and I & Design, I will action against m	hereby undertak do nothing eithe ne under the rule	e that as long as I er inside or outside
	(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) such a	I fully understand that in act, I shall be subjec			llege and Hoste	and if I indulge in
2.	I have	read and I certify / acc	ept all of the a	bove clauses.		
Signati Date :	ure of tl	he Parent	ACCEPTING (For Office		Signature of the Date :	e Candidate
1.		ted/Rejected on in Ink in front)	:			
2.	If rejec	cted assign reason clea	ırly	:		
Date :				(Signature ald	ong with Name &	Designation)

MEDICAL FITNESS By OC MH/ AUTH MEDICAL ATTENDANT

1.		ertified that I have carefully examined Mr/Ms			
certify in his/l	that hea	son/daughter/wife of and further/she has good physical and mental health and free from any disability likely to interfere ergoing Course. He/she has no abnormality in the heart 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			
		Signature of OC MH/ Auth Med Attendant			
Place	:	Head of Department Name			
Date	:	Designation Office Seal			