



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. 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.

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 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