INDIAN INSTITUTE OF ENVIRONMENT, HEALTH & SAFETY MANAGEMENT (IIEHSM)

S-16, IInd Floor, Manish Highway Plaza-II, Plot No. 25, Sector-20, Dwarka, New Delhi-110075

AFFIX YOUR PHOTOGRAPH HERE

APPLICATION FORM

For Office Use					
Regn. Number :					
Environment, Health & Saf	fety Management Course [Tick ()]	~	Diploma	Post Diploma Pos	t Graduate Diploma
2. Name of Applicant :		- 1	×		
3. Address for Correspondence :					
Contact No.:					
E Mail ID :					
4. Date of Birth: Age: Years:				Years:	
5. Nationality :	6. Sex :	7. Medium of Instruction [Tick ()]: Hindi/ English			
8. Educational Qualification :					
9. Details about payment of Fee					
Name of the Bank	ζ:	Cheque/ D.D. Number:			
Amount :		Date :			
10. I certify that the information given above is true to the best of my knowledge. I am fully aware and shall abide by the rules and regulations of the course that is being offered by "INDIAN INSTITUTE OF ENVIRONMENT, HEALTH & SAFETY MANAGEMENT, DELHI."					
Date :					
, n					
Place :					ignature of the Applicant
ENCLOSURE :					
1. Photocopies of (a) Birth Certificate (b) Educational Qualification					
2. Passport size photograph (1 No.) to be pasted on Application Form. (Please do not staple the photograph.)					
3. The Course fees need to be deposited to the Institute by Cheque/Bank Demand Draft in favour of "INDIAN INSTITUTE OF EH AND SM" payable at New Delhi.					
4. Please send the completed application form along with Cheque/Demand Draft & Enclosures to "INDIAN INSTITUTE OF ENVIRONMENT, HEALTH & SAFETY MANAGEMENT", S-16, IInd Floor, Manish Highway Plaza-II, Plot No. 25, Sector-20, Dwarka, New Delhi-110075.					