



IPHL^{®™©}

INDIGENOUS PROFESSIONALS HELP LINE

Accredited with Govt. of India and ISO 9001 : 2000-08-15

for more details logon to : www.iphlindia.com

REGISTRATION FORM

PASTE YOUR
RECENT COLOUR
PASSPORT SIZE
ATTESTED
PHOTOGRAPH



1. NAME OF THE CANDIDATE :
IN CAPITAL LETTER ONLY,
SUR NAME FIRST.
2. NAME OF THE FATHER / GUARDIAN
HUSBAND : IN CAPITAL LETTER
3. COMPLETE POSTAL ADDRESS : (DON'T REPEAT NAME AGAIN)

PIN CODE STATE
PHONE No. WITH STD CODE / Mobile No. :
FAX No. WITH STD CODE :
email id :
4. DATE OF BIRTH NATIONALITY RELIGION
5. IDENTIFICATION MARK :
6. BLOOD GROUP : 7. CATEGORY : SC / ST / OBC / BPL / PH
8. SEX : Male / Female / Other 9. MARITAL STATUS :
10. PROFESSION : Student / House Wife / Self Employed / Service / Professional
11. EDUCATIONAL QUALIFICATION : HSC / + 2 / + 3 / PG / Professional / Others *

Sl No	Qualifying Exam	Year of Passing	% of Mark	Board / University
01				
02				
03				
04				
05				

Please submit self attested certificates and mark sheet copies against your claim

12. FAMILY INCOME PER MONTH : Rs. < 5000 Rs. 5 - 10,000 Rs. 10 - 15,000 Rs. > 15,0000

13. PROGRAMME OF STUDY FOR WHICH ADMISSION IS SOUGHT :

Information Technology / Management / Social Science / Professionals / Traditional

14. COURSE OF STUDY FOR WHICH ADMISSION IS SOUGHT :

	COURSE NAME	UNDER UNIVERSITY / IPHL

15. MODE OF PAYMENT : One Time / Installment applicable for course fees > Rs. 3000 against PDC

16. CASH DD No. Cheque No.

AMOUNT (Issuing Bank _____ Branch _____ Date _____)

DECLARATION

I hereby declare that all the information (s) given above are true to the best of my knowledge and believe. I will abide by the prevailing IPHL Rules framed there under and as amended from time to time. I have read and understood all the terms and conditions provided by IPHL Authorised Study Centre and accept them as binding on me. I have understood all fee structure, modes of payment and related terms and conditions at which IPHL providing the Education Programme as applicable on this date and as amended from time to time. I confirm that all the Information (s) / Particulars (s) provided by me is correct in all respects for registration with IPHL. If any Information (s) / Particular (s) provided by me for the admission purpose found false at any stage then my registration / admission will be automatically terminated and in such case (s) I will not claim for anything to IPHL.

Parent / Guardian should agree & Candidate should write following sentence in his / her own Running Hand Writing.

I confirm and I have understood the terms and conditions of IPHL and I agree to abide by them.



Signed on :

Full Signature of the Candidate

Signature of Parent / Guardian : I Agree

LIST OF SELF ATTESTED ENCLOSURE :

- | | | |
|----|----|----|
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| 7. | 8. | 9. |

FOR OFFICE USE ONLY

FOR AUTHORISED STUDY CENTRE USE

Date of Joining :

Branch / Project Code :

Authorised Signatory with Seal

FOR IPHL EDUCATION DEPARTMENT USE

Date of Registration :

Enrollment No. :

Authorised Signatory with Seal