



Chandralop Shikshan Prasarak Mandal's

(Reg No. MH / 6003 / 7-2-2001)

## College of Fire Engineering And Safety Management

Chandralop Campus, Gut No. 52, Tuljapur Shiwar, Harsul-Sawangi,  
Jalgaon Road, Aurangabad - 431008. E mail: cfesm.aurangabad@gmail.com

### Admission Form

Form No. \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

(As appeared on 10<sup>th</sup> Certificate)

Wish to apply for Two Year / One Year / 6 Months Course in \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Occupation : \_\_\_\_\_

Mobile Number \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Blood Group : \_\_\_\_\_

Sex : \_\_\_\_\_

Nationality : \_\_\_\_\_

Bank Account No : \_\_\_\_\_

IFSC CODE : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Aadhaar Card No. : \_\_\_\_\_

Caste : \_\_\_\_\_

E Mail : \_\_\_\_\_

Address for Correspondence : \_\_\_\_\_

District : \_\_\_\_\_

State : \_\_\_\_\_

PIN : \_\_\_\_\_

Ph. No. : (STD Code) \_\_\_\_\_

Number : \_\_\_\_\_

Mobile : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Educational Qualifications :

Hostel Required : Yes ☐

No ☐

Std.	Name of the School / College	Year of Passing	University / Board	Mark Obtained	Out Of	% of Marks
X						
XII						
B.Sc./Dip./ Degree						

I hereby declare that the information given in application form is correct to the best of my knowledge and belief

Place : \_\_\_\_\_

Date : / / 201

Signature of Student

Signature of Parent

For office use only

Course : \_\_\_\_\_

Final Fees : \_\_\_\_\_

Fees Paid Amount : \_\_\_\_\_

DD No. \_\_\_\_\_

Drawn on Bank : \_\_\_\_\_

Authorised Signatory