



ST. FRANCIS INSTITUTE OF ART & DESIGN

Mt. Painsur, Borivli (West), Mumbai 400 103

Admission Form

Paste a recent
Passport Size
Photo- color

1. Name:
(As in SSC certificate)
2. Date of Birth (Attach Date of Birth Proof) 3. Application Form No.....
4. Nationality 5. Religion 6. Marital Status: Married Unmarried
7. Gender Male Female 8. Minority: Yes No
9. Handicapped:(Applicable/NA) Physically Visually 10. Medium of Study

11. Educational Information and Documents Attachment (Tick the following)

Sr. No	Examination	Attested Copies	Year of Passing	Marks Obtained	%
1.	X (Marksheet / Certificate)				
2.	XII (Marksheet / Certificate)				
3.	Graduation (Marksheet / Certificate)				
4.	Post Graduation (Marksheet / Certificate)				
5.	Others				

12. Student Mob. No.:.....E mail Id:.....

13. Year of Admission: 14. Course Code: MDID DID

15. Father's Name:Mob. No. Sign

16. Mother's Name: Mob. No. Sign

17. Job Description

Job	Employed /Self	Designation	Duration	Salary/Income
Father				
Mother				

18. Aadhar No.Pan No.

19. Permanent Address:

City.....State.....Pin Code:.....Tel. No.

20. Address for Correspondence:.....

City.....State.....Pin Code:.....Tel. No.

21. Languages Known (Tick Yes or Not)

1	English	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	Hindi	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Marathi	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other	Read	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Write	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speak	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22. Hobbies/Interests

23. Work Experience and Duration (Specify):

24. Health Information if any (Specify):

25. Whether a person with Disability :

26. References

1)Name:	Relationship
<hr/>	
E. mail Id.:	Mobile No: (+.....)
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2) Name:	Relationship
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E. mail Id.:	Mobile No: (+.....)
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DECLARATION:

I,D/o S/o hereby declare that

1. I accept & agree to follow and abide by the rules and regulations of the Institute
2. I shall not indulge in any matter that come under ragging with any fellow mates, staff or faculty members as individual or in a group
3. In case I am found disobeying the rules & regulations at any time, the Institute authority has the right to take a disciplinary action against me, which could either lead to the extent of rustication from the institute authority in such matter.
4. I and my parents/guardian shall be responsible for the payment of all the fees & other charges / fines whenever demanded
5. I shall abide by the examination rules and shall proceed accordingly.
6. I shall not use mobile, and other electronic and media based gadgets which are whenever prohibited by the institute.
7. I shall hereby declare that St. Francis Institute of Art & Design shall not be responsible for any mishappening on my part during the course of my study (on campus or off campus) in the Institute/Industrial visits/Trainings/Tours/Transport etc. I and also my dependents or next of kin in such a case shall not claim my compensation for my damages or disability.

Date:.....

Place :

Signature of the Student

UNDERTAKING TO BE SIGNED BY THE PARENT /GUARDIAN

I do hereby solemnly affirm and undertake that

1. My Son / Daughterhas submitted this application form for admission in academics at SFIAD with my permission and that I shall be responsible for his/her good conduct as a student of the institute and adhere to the provisions of the St. Francis Institute of Art & Design Ordinances / Rules and Regulations / Orders / Decisions etc.
2. I also declare that non case has been pending against my son / daughter in Civil / Criminal court of the Country.
3. I endorse all sorts of undertaking by my son/daughter

Date:

Place:

Signature of Parents/Guardian