

## **EIPS APPLICATION FORM**

Enrollmen	t No					
Course Applied	l For :					
Specialization	: 1					
	: 2. (Opt	tional)				
		PER	SONAL DE	TAILS		
Full Name (In capital letters)						
(III Capital letters)						
Date of Birth				Gender : M	F	
Father's Name						
Mother's Name						
Address						
(for correspondence)						
				Country		
Tel. Nos (R)		(0		(M)		
Email Id Academic Details :						
Degree / Diplo	ma Ingti	Name of the	Year of Pas	sing Subjects/Special	ization Grades/Percentage	
institution/Conege/Scrijor						
Work Experience (if ε ny)						
			AYMENT DET			
Payment Mode						
DD/Cheque No. 1	ransaction ID					
Amount :		Bar	k :	Dated:		
		EASTERN INSTITUT			elhi. Submit the duly filled	
		A D	ECLARATIO	IN The second se		
I				of		
					knowledge. I have understood	
the terms and cor	iditions and Wil	ii abide by the rule	s and regulations	OI EASTEKNINSIIIUI	E OF PROFESSIONAL STUDY".	
Date :						
Disease				Sign	nature of Applicant	

	FOR OFFICE USE ONLY
eck List Fee Co	ourse Eligibility Certificate Experience Certificate 2 Latest Passport Size Photograph
	Registration:
emarks :	
ccepted by :	