



Program of Study

- Interior Design
 Textile Design
 Fashion Design

Program Duration

- Six Months
 One Year
 Two Year

Batch

- Morning
 Afternoon
 Evening

Name in CAPITAL LETTERS (In English):

Mr./Ms./Mrs. _____

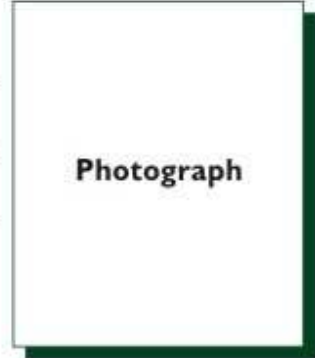
Father Name _____

Mother Name _____

Date of Birth Date Month Year

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Sex: Male Female



Address : _____

Pin Code _____

Land Phone : _____

Hand Phone : _____

Academic Details

School/College	Board/University	Year	Subject	% of Marks
10th				
10+2				

Ihereby certify that I am applying for the above stated certificate course in the Inter National Institute of Fashion Design (IDS) which is a private institute and the information stated above is correct. I understand that the payment once made to the institute will not be refunded under any circumstances. I will obey the rules and regulations throughout the course, once admitted to the institute.

**Signature of Parent
Father/Mother
For Office Use**

Date: _____

Place: _____

Signature of Applicant

CENTRE NAME:

CENTRE CODE:

SESSION:

Program _____ Duration _____

Registration Fee : Amount

Date

Receipt No.

Provisionally selected for admission subject to confirmation by Corporate

**Signature
CENTRE HEAD**