

Ref. No.



**INDIAN INSTITUTE OF CRAFTS AND DESIGN**

J-8, Jhalana Institutional Area, Jaipur

Rajasthan, India 302 004

Telephone : 91-141-2701504, 2701203

**Application form** (Please tick in the appropriate box)

4 years Under Graduate Programme in Crafts and Design

2 year Post Graduate Programme in Crafts and Design

Instructions:

- Last date of receiving completed application form is \_\_\_\_\_
- The Application should be complete in all respects, and filled in the applicant's own handwriting.
- Completed applications should be sent to Academic Administration, Major Education Programme, Indian Institute Crafts and Design at the above address.
- Use separate sheets if space is insufficient.

Refer enclosed prospectus for details on selection procedure.

**A. Personal Particulars**

Please attach a recent photograph of yourself here.

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

Age \_\_\_\_\_ Nationality \_\_\_\_\_

Email ID \_\_\_\_\_

Blood Group \_\_\_\_\_ Allergies (if any) \_\_\_\_\_

Category SC  ST  OBC  General   
(If SC/ST or OBC please attach relevant papers)

Parents/Guardian's name and relationship with applicant

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Parents/Guardian's profession & annual income

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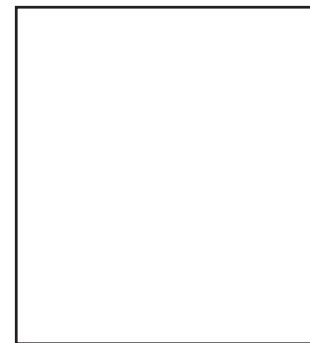
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Parents/Guardians address for correspondence

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Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email ID: \_\_\_\_\_

Permanent Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email ID \_\_\_\_\_

Any physical defects of permanent nature, or any chronic illness?

\_\_\_\_\_  
\_\_\_\_\_

**B. Qualifications**

Year	Examination	Subject taken & class/Division obtained	Name of school/Institution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Working experinece/record (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State knowledge of Indian & Foreign Language (write either fluently, reasonably, with difficulty)

Language	Speak	Read	Write
Hindi	_____	_____	_____
English	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**For office use only**

Mode of issue of application \_\_\_\_\_ Application No. \_\_\_\_\_

Issued to \_\_\_\_\_

Date of receipt of completed application \_\_\_\_\_

Mode of payment & details \_\_\_\_\_

Acceptance of the form  Yes  No