



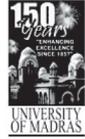
MFT Educational Institutions

Madras Institute of Fashion Technology | MFT B-School

16A, Shastri Nagar, 100 feet road, [Next to Hotel Ambica Empire], Chennai- 600 026
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Participatory Institute of University of Madras



Participatory Programmes

App. No.:	For Office Use only	Regn. No	
Verification of Particulars	Name	Signature	Date
1. Eligibility Requirements			
2. DD, Envelope, Photographs			
3. Name, Reg.No., Age and Date of Birth			
4. Other Certificates			

Instructions	
<ol style="list-style-type: none"> Candidates are kindly advised to read the prospectus thoroughly before filling in this form Equivocal or evasive answer to any of the queries will entail rejection of the application All columns must be completed by using Capital Letters Registration of the candidates does not automatically guarantee admission Applications not complete in all respects would be summarily rejected Duly filled in application should be sent to the above address by registered post or should be handed over in person so as to reach on or before the specified due dates (please check) 	Affix passport size photograph duly attested by the gazetted officer

Application for Registration

1. Course Applied :			
2. Name of the Candidate :			
3. Age :	4. Date of Birth :	<input type="text"/>	<input type="text"/>
5. Sex : Male <input type="checkbox"/> Female <input type="checkbox"/>	6. Nationality :		
7. Religion:	8. Category :	SC <input type="checkbox"/>	ST <input type="checkbox"/> MBC <input type="checkbox"/> BC <input type="checkbox"/> Genral <input type="checkbox"/>
9. Marital Status:	10. Mother Tongue :		
11. Father's Name :			
12. Mother's Name :			
13. Candidate's Employment Status :			
14. Candidate's annual income :			
15. Particulars of Demand Draft :			
	DD. No.	Date	
	Amount	Bank	

16. Communication Address:	17. Permanent Address:
Pin Code : Phone :	Pin Code : Phone :
Mobile :	Mobile :
E-mail :	E-mail :

18. Details of Educational Qualifications:

Course Studied	Name of the Degree Diploma/Main Subject	Month & Year of passing	Name & Location of School / Insttn. / College / University	Percentage of marks
S.S.L.C State whether it is 10 year or 11 year course				
H. Sc (+2) / Diploma				
Under Graduation				

I here by solemnly declare that the above information furnished is true and correct to the best of my knowledge and belief. I have read and understood the conditions of eligibility for the programme for which i seek admission. I fulfill minimum eligible criteria and have provided necessary information in this regards. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the university at any time and i shall not be entitled to refund of any fee paid by me to the university and MFT.

Place:

Date:

Signature of the Candidate

I..... Parent / Guardian, do hereby declare that all the information given here in are true and correct. I stand guarantee for the good conduct on my ward during the course of his/her study. I authorise the institution to initiate disciplinary action against my ward for violation of any of the rules and regulations and also promise to compensate the damages that may have been caused by ward due to his/her conduct.

Place:

Date:

Signature of the Parent/ Guardian

Check List

- Affix the photograph and sign over it
- Certificates in support of your Educational Qualification(s) and necessary documents duly attested by Gazetted officer
- Envelopes duly filled in and affixed with the required postage stamps