



IECD

Institute for Entrepreneurship and Career Development

BHARATHIDASAN UNIVERSITY

Khajamalai Campus, Tiruchirappalli-23

ENROLLMENT FORM

Application for Admission to Short-Term/Certificate/Diploma/P.G. Diploma Programmes

Programme Desired for :
Choice of Session/Batch : Morning / Forenoon / Afternoon / Evening / Week End
Name of the Applicant in English :
in Tamil :
Name of the Parent/Guardian in English :
in Tamil :
Address for Communication with PIN CODE Number (Phone No: If any) :

Details of your Employment :
Date of Birth and Age :
Sex : Male / Female
Marital Status : Married / Unmarried / Widow / Divorced
Nationality :
Religion :
Community : OC / BC / MBC / SC / ST
Physically Challenged : Yes/ No. If yes details please
Details of Qualification :
 (Enclose the Proof)

Fees Particulars

	Amount	D.D. Number	D.D. Date	Name of the Bank & Branch	Scholarship/ Fee Discount Available
Appl. Fees					
Course Fees					

Have you Already Studied any IECD course: Yes / No. If yes Nature of course _____

I hereby declare that all the particulars given above are correct and I agree to abide by all the Rules and Regulations of the IECD that are in force from time to time.

Station :

Date :

Signature of the Candidate