APPLICATION FORM



Two Year Post Graduate Diploma in Packaging 33rd Batch (2017 - 2019)

All entries to be in block letters only.

ENTRANCE EXAM SEAT NO. PG/ /2017/

Affix Passport Size Photo

	Gender: Male Female	3. Marital Status: Married	Unmarried 4. Nationality:				
	Date of Birth:	6. Age:	(Maximum age 25 years as on 31/05/2017, age relaxation 3 years for OBC 8 5 years for SC/ST)				
	Father's / Husband's Name:						
	Educational Qualifications:		Occupation:				
	Place of Work - Address:						
	Tel. Office:	Tel. Residence:	Annual Income:				
	Mother's Name (as per X th passi	ng certificate):					
	Educational Qualifications:		Occupation:				
	Place of Work - Address:						
	Tel. Office:	Tel. Residence:	Annual Income:				
	Correspondence Address:						
			Pin				
	7	Геl.:	E-mail:				

10. Educational Qualifications

Exam Passed	Board / University	Year of	Subjects	Marks Obtained	
		Passing		(%)	Total / Out of
X or Equivalent					/
XII or Equivalent					/
Degree BSc / BE / B Tech					/
Any other					/

Additional or higher qualification details may please be attached with the form.

Last date for receiving filled application form at IIP Mumbai -9th June, 2017

Address: E-2, MIDC Area, P. B. No. 9432, Andheri (E), Mumbai - 400 093.

Prospectus PGDP

Application Form 1 / 2

11.	Whether belor	naina to 🗆 SC 🗀 ST	☐ OBC non creamy ☐ P	WD [General				
		rihed by Cent	ral Government. Original						
		t the time of admission.)	tested copies of supporting	docum	rients as prese	noca by cent	iai Governmenti onginar		
Δdr		ourse is considered sub	ject to						
		ompleted both XII & degi			-1	/ 			
	admission of a		d degree mark sheet or pro	ovisiona	ai mark sneet ((as given by U	iniversity) at the time of		
•	Maximum age 2	5 years as on 31/05/2017	, age relaxation 3 years for 0	OBC & S	5 years for SC/	ST			
•	Clearance in Wr	itten Entrance and Viva (F	Personal Interview)						
12.	Details of any periods of recent employments, if any								
	Year Position Held and Responsibility			Employer's Name and Address					
13.	Choice of Cent	tre (for written test), Pleas	e tick any one						
	☐ Chennai	☐ Delhi	Hyderabad	☐ Kol	kata	☐ Mumbai			
14.	Choice of Centre for undergoing the course (Please tick any one) (Allocation of seat based on merit and availability)								
	1. Delhi	2. Hyderabad	3. Kolkata		4. Mumbai				
15.	Declaration:								
	 If admitted, I declare that I shall submit myself to the disciplinary jurisdiction of the authorities of the Indian Institute Packaging, and shall observe and abide by the rules made by the Institute. I also undertake that so long as I am a student the Institute, I shall not do anything inside or outside the Institute that will interfere with its orderly governance and discip I also declare that I do not suffer from any contagious disease, and have sound mental health and physical health certificate for my medical fitness from a registered medical practitioner will be submitted on admission to the course. I know that factory visits / field studies / work is part of the course syllabus and I will undertake it at my own risk. I know that my admission for the course stands cancelled automatically if any of the information given above is found be false or untrue or partially true / unsupported with documentary proof, anytime even after admission. 								
Yours faithfully									
			(Signature of the Paren	ıt / Gua	ırdian)	(Signat	ure of the Candidate)		
lm	portant Guid	lelines for Submitti	ng of Application For	m					
	1) Duly filled Ap	plication Form and Admi	t Card						
	2) Attested copi	es of all Certificates (X, XI	l and Degree)						

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of Rs. 500/- drawn in favour of "Indian Institute of Packaging" payable at Mumbai.

4) Application form downloaded from the website is to be submitted to Indian Institute of Packaging, Mumbai along with DD

3) 2 Self Addressed envelopes with pin code