

AMITY INSTITUTE OF DISASTER MANAGEMENT

APPLICATION FORM

To,

The Director General
Amity Institute of Disaster Management
Amity University Campus (D-Block, 4th Floor)
Sector-125, NOIDA-201303

Paste recent
passport size
photograph here

Course applied for: 12 Weeks Full Time Programme /
24 Weeks Part Time Programme
(Delete whichever is not applicable)

Name: _____
(Service Officers including retired officers will write their number, rank, decoration etc.)

Date of Birth: _____

Educational Qualifications: _____

Employment (current) details: _____

Address:

Office: _____

Tel: _____ Mobile : _____

Res: _____

Tel: _____

UNDERTAKING BY THE APPLICANT

1. I have read the detailed information about the course given in the Amity website at www.amity.edu/aidm and hereby undertake to attend the course commencing from as per your terms and conditions.
2. I also undertake to pay the fee of Rs. through Demand Draft in favour of "Amity Institute of Disaster Management" (payable at New Delhi) on the first day of the course (Officers sponsored by DGR, Ministry of Defence will pay fee as already intimated to them).

PLACE: _____
DATE: _____

Signature of the Applicant