



Name of Regional Council/Chapter: \_\_\_\_\_

**Application form for admission in Professional Skill Development Program (PSDP)**

*(Applicable for students who have passed/completed Executive Program in June 2015 session of exam or afterwards)*

(To be completed only after completing PIP & PEGP but, in any case within 7 months from the passing of Executive program)

Details of 2 days PIP ( please attach copy of completion certificate )		
Place :	From	To
Details of 3 days PEGP ( please attach copy of completion certificate )		
Place :	From	To

If these column are not filled & copy of Completion Certificates are not attached, Admission form for PSDP shall not be accepted.

<b>Name of student :</b>			Registration No. :	Please affix a recent passport size photograph
Particulars of passing Executive Programme Examination : ( Please attach photo copy of pass mark sheet of all groups/modules )			Mobile No:	
			e-mail ID :	
Group/Module	Session of passing	Roll No.	<b>Address for correspondence :</b>	
Group/Module-I				
Group/Module-II				
Date of passing/completing Executive Program (If student has passed/completed Executive Program before 25.08.2015, in such case 15 days Academic Program (i.e. PIP+PEGP+PSDP+PEDP) is not applicable to him/her)			Date :	
Date of Commencement of 15 months/1 year/2 years/3 years training			Date:	
Name of Company/PCS where undergoing training		:		
<b>Details of PSDP Fees paid</b> ( If paying through demand draft, it should be drawn in favour of "....." payable at ".....")				
Amount :	DD No. /CASH RECEIPT No. :	Date :	Bank:	
<b>Declaration by student</b>				
I _____ do hereby declare that the particulars given above are true to the best of my knowledge and belief. I also agree that providing false particulars amounts to misconduct and if any misconduct is observed on my part, I shall abide by the decision of the Council which may suspend or cancel my registration as a student or may suspend or debar me from appearing in anyone or more examinations of the Institute or direct that any period of training already undergone shall not be reckoned or declare that I am not fit and appropriate person to be admitted as an Associate Member of the Institute.				
Place :		Signature of student		
Date :				
<b>For Office use only ( at respective Regional Office / Chapter )</b>				
Received by :	Receipt No.	Date of receiving :	Signature of PSDP Co-ordinator of RO/Chapter :	
Signature of dealing Assistant				