

Employment Details

Employer's Name & Address	Designation	From	To

How did you know about IHE?

<input type="checkbox"/> Friends	<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Agents
<input type="checkbox"/> Facebook	<input type="checkbox"/> Exhibition / Promotions	<input type="checkbox"/> Web
<input type="checkbox"/> Radio Advertisement	<input type="checkbox"/> E-mail	<input type="checkbox"/> Other

Personal Declaration

- * I confirm that the information given by me in this application form is true.
- * I further hereby confirm that I have completely read and understood all information stated in the guidelines for assignments, project reports and thesis of Institute of Higher Education and will adhere by the stated conditions of the guideline and that IHE is not responsible for any circumstance I experience as a result of failure to follow the guidelines.
- * Once a payment or deposit is made, it is non-refundable.

Name:	Signature	Date
		DD MMM YYYY

For Office Use Only

Date <u> / / </u> <small>DD MMM YYYY</small>		Branch <input style="width: 100%;" type="text"/>	
Registration Number <input style="width: 100%; height: 20px;" type="text"/>			
Course Enrolled:	Batch	Course Commencement	
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	
Course Fee:	Balance Payment:	Agreed Installment:	Remarks:
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<div style="border: 1px solid black; height: 100px;"></div>
_____ Student Counsellor		_____ Head of Academic Affairs	