



NAFSTM

NATIONAL ACADEMY OF FIRE AND SAFETY ENGINEERING

APPLICATION FORM FOR AUTHORIZED ADMISSION / COUNSELING CENTER

Name of the City / Town / Locality (Where you want to open center)

Place: _____ Dist: _____ State: _____

Paste
Your Passport
Size Photo
Here

CONFIDENTIAL

1. Name of the Institute/Org: _____

Date of Establishment: _____

Affiliations (if any): _____

Address of the Institute/Org: _____

Dist. _____ State: _____ Pin: _____

Phone Number: _____ E-mail ID: _____

2. Name of the Authorized Person: _____

Date of Birth: _____ Age: _____

Aadhaar Number: _____ Pan Number: _____

4. LOCAL REFERENCES

1. Full Name: _____

Occupation: _____

Address: _____

Mob. No. _____

2. Full Name: _____

Occupation: _____

Address: _____

Mob. No. _____

5. FEES DETAILS:

Amount: _____ Date _____

Paid By DD/RTGS/NEFT/UPI/Cash _____ (Please Mention)

Any Remarks _____

(Note- Once fees paid are not refundable or transferable at any circumstances)

ENCLOSURES TO THE APPLICATION-

1. Trust/Company/Firm/Institution- Relevant Documents
2. President/Director/Owner/Manager- Resume, Aadhaar Card, Pan Card, Electric Bill
3. List of Tools & EQUIPMENTS Available in The Institute/Office
4. Institute/Office Photographs

UNDERTAKING

I hereby declare that the information given in this application form is true to the best of my knowledge. In case my application is accepted, I undertake to run the center as per the Rules and regulations of NAFS- NATIONAL ACADEMY OF FIRE AND SAFETY ENGINEERING and also those issued from time to time.

PLACE:

SEAL

SIGNATURE:

DATE:

NAME:

DESIGNATION:

OFFICE USE ONLY

Application received on

Verification completed on

Approved/Not Approved at the Board Meeting held on

If Approved from To

Center Code

If not approved, the reason/grounds

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Authorized Signature & Seal

Registrar

President