



NATIONAL FIRE SCIENCE & SECURITY ACADEMY

Recognized and Affiliated By Management & Entrepreneurship and Professional Skill Council (MEPSC)

No.

APPLICATION CUM ADMISSION FORM

DO NOT STAPLE

Affix your passport size photograph (3.5 cm x 4.5 cm) duly self attested

COURSES OFFERED:-

- Certificate in Armed Security Guard
- Certificate in Unarmed Security Guard
- Certificate in Security Supervisor
- Certificate in CCTV Supervisor
- Certificate in Security Officer
- Certificate in Fire Fighting -Fireman
Sub Fire Officer Course

(To be filled by the candidate)

Course Name..... Academic Session.....

1. Name (as appearing in your Secondary (10th Class) Examination Certificate

2. Father's Name

3. Mother's Name

4. Address for Correspondence (Leave a blank box between each UNIT of address like House No., Street Name, P.O., etc.)

City

District

State

Pin Code

5. Permanent Address

City

District

State

Pin Code

6. Contact Nos.

STD Code

Telephone No.

8. Mobile No.

7. E-mail ID

8. Date of Birth (As per class Xth certificate) Date Month Year
9. Age Years Months Days

(put a Tick mark (√) in appropriate box)

10. Nationality: Indian Others
11. Sex: Male Female
12. Educational Qualifications (10th onwards)

Sl.No.	Examination	Board/university	Year of Passing	% of Marks	Main Subjects
1.	10 th				
2.	12 th				
3.	Graduate				
4.	Post Graduate				
5.	Other				

DECLARATION BY THE CANDIDATE

Ihereby declare that the information furnished in this form is true to the best of my knowledge & belief. I understand that my candidature is liable to be cancelled by the National Fire Science & Security Academy (NFSSA) and fees paid by me will be forfeited, if any information given above is found incorrect or misleading at any stage. I also understand that the fee once paid is not refundable or adjustable under any circumstances in future. I shall abide by the norms/rules & regulations of NFSSA. I accept them and shall not raise any dispute in future over the same rules.

Date _____

Signature of candidate

FOR OFFICE USE ONLY

Document submitted by the candidate are in order and verified.

Checked By

Rechecked By.....

Sh. S/o..... has been admitted
in course of(Months/Year) duration for
the session..... & course fee has been deposited by the candidate .

Principal

Accountant

Admission Incharge

Annexure – I

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

(TO BE SUBMITTED AT THE TIME OF ADMISSION)

I certify that I have carefully examined Sh./Smt./Km.
Son/daughter/Wife of Shri whose signature is given
below. As a result of his/her examination I certify that nothing adverse has been found
which may disqualify him/her from admission to National Fire Science & Security Academy.
I have to further add that:

1. His/her eyes appear to be
2. His/her heart & lungs are clear
3. His/her weight is
4. His/her height is
5. He/she does not wear glass/wear glass with vision.
6. He/she has not have any disease, mental and bodily infirmity, which will make
him/her, unfit in the near future for an active life and training.

Mark of identification

Signature of the candidate

.....

Name & Signature of the
Medical Officer with seal
& Registration no.....

CHARACTER CERTIFICATE

(To be submitted at the Time of Admission)

Certified that I know Mr./Ms./.....Son/daughter of
ShriResident of
.....from the lastyears
..... months. He/she bears a good moral character and is ofnationality

He/ She is not related to me.

Place:

Signature

Date:

Name (in capital letters)

Designation & Address with Stamp

This certificate should be from any one of the following:

1. Principal/Head Master of the recognized School/ College/ Institution where the candidate studied last;
2. Gazetted Officer of Central or State Government;
3. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent / guardian is ordinarily resident;
4. Sub-Divisional Magistrates/ Officers;
5. Tehsildars or Naib / Deputy Tehsildars authorized to exercise magisterial powers;
6. Block Development Officer;

AFFIDAVIT ON PROHIBITION OF RAGGING

(On a Stamp Paper of Rs.10/-)
(To be submitted at the time of admission)

I, _____ son/daughter of Sh. _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished appropriately

Place:

Signature of the Candidate

Date:

Name of the candidate:

I, _____ Father/Guardian of Mr./Ms _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging and I agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging.

—

Signature of Parent/Guardian

Name of Parent/Guardian.....

UNDERTAKING

(To be submitted at the Time of Admission)

1. I am liable to be struck off from the roll of Institution without notice in case I remain absent for 5 consecutive days without information / sanction of leave, unsatisfactory progress in the training, short of attendance below 50 %, failing in the aptitude test, Committing breach of discipline in the Institution.
2. I shall get two sets of prescribed uniform stitched on enrollment and shall wear the same daily, during training.
3. I shall have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.
4. I shall maintain at least 90% attendance in each subject for making me eligible for appearing in the each examination.
5. I will not carry/use mobile phone in the Classroom.
6. I hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished as per guideline issued by the Honorable Supreme Court of India .
7. I will attend the Industrial visit / On-Job Training during the training period at various Industries at my own risk. In case of any accident, mis-happening or riots. I/We will not hold the Institute/Industry responsible for the same.

In case, I/We fail to abide myself as stated above, the Principal/Head of the Institute is empowered to take disciplinary action against me as per rules.

Yours faithfully

.....
(Full Signature of Parent/Guardian)

.....
(Full Signature)

Name:
(Block Letters)

Name:
(Block Letters)

Trade Roll No.....

INDEMNITY BOND

I _____ S/o Sh. _____
R/o _____
_____ do hereby solemnly affirm and declare as under: -

1. I undertake that during the training of course _____ being held at National Fire Science & Security Academy (NFSSA) Khasra No. 228,231,232, Vill Kandola, Dhaulana, Dist. Hapur (UP). Any physical injury sustained due to my fault, the NFSSA shall not be responsible for the same nor liable for any compensation against such injuries.
2. I fully understand the rules and regulations of the NFSSA. In case of my defaulting the rules of misconduct and indiscipline, the college have full authority to expel me without assigning any reason.

Deponent

Verification:-

Verified at ----- on this -----day of -----that-----above contents of the affidavit are true and correct to the best of my knowledge and belief.

Deponent

Note: (Indemnity bond should be printed on the 10 rupees' stamp paper.)

POLICE VERIFICATION

TO WHOM SOEVER IT MAY CONCERN

It is certified that Shri _____

Son of Shri _____

Resident of _____

is residing at this place since ____ years under the jurisdiction of police station and antecedents are checked and there is no legal case registered against him in this police station.

Date:

Place:

Signature of Police Station In-charge with seal