



# The Indian Institute of Vedic Sciences

30/26/01 Varunpath, Mansarovar, Jaipur (Raj.), India

## Department of Astrology

### APPLICATION FORM FOR ADMISSION IN DIPLOMA COURSES

Application Form No

SESSION  2  0  -  2  0

Affix Latest  
Passport Size  
Photograph  
3.5cm × 4.5 cm

**DO NOT STAPLE**

#### GENERAL INSTRUCTIONS

1. Use only blue or black ball point pen.
2. Write in capital letters and English numerals.
3. Completed Application Form for Admission with prescribed fee in Favour of "The Indian Institute of Vedic Sciences" Payable at "Jaipur" should be sent to "Co-ordinator, The Indian Institute of Vedic Sciences, 30/26/01, Varunpath, Mansarovar, Jaipur - 302 020 (Rajasthan), India" before the due date.

Signature of the Candidate with in Box

1. Applied Course  CASc / DASc / ADASc / GDSc / PGDASc

2. Enrolment No  To be allotted and filled by IIVSc

3. Fee Option (Write relevant code)

A1 = Full   
B2 = Installment

4. Details of Fee :

Total Fee	Amount of Deposited Fee	DD / Cheque No.	Date	Month	Year
₹ <input type="text"/>	₹ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0 <input type="text"/>

Bank Name

#### For Office Use Only

##### 1. Details of 2nd Installment

Amount :  
DD/Cheque No.  
Date :

##### 2. Details of 3rd Installment

Amount :  
DD/Cheque No.  
Date :

5. Gender (Write relevant code)

A1 = Male   
B2 = Female

6. Marital Status (Write relevant code)

A1 = Married   
B2 = Unmarried   
C3 = Divorcee

7. Nationality (Write relevant code)

A1 = Indian   
B2 = Other

8. Name of the Candidate (Leave one box empty between First Name, Middle Name & Surname)

9. Father's / Husband's Name (Leave one box empty between First Name, Middle Name & Surname)

10. Employment Status

A1 = Employed   
B2 = Unemployed

11. Your Profession

12. Date of Birth

D D M M Y Y Y Y

13. Educational Qualification

15. Full Postal Address (Leave one box empty between each unit of address like House No., Street Name, Post Office, City etc.)

District

State

PIN

16. Telephone Numbers

STD Code

Telephone No.

Mobile No. 1

Mobile No. 2

17. E-mail Address (Write in capital letters only)

I hereby certify that all the information given above is correct. I agree to abide by the rules and regulations of the institution.

Date   
D D M M Y Y Y Y

Place

Full Signature of The Candidate