



Application for Design Clinic Registration for **Design Students**

(Final Year Students only)

**APPLICATION FOR DESIGN CLINIC SCHEME FUNDING ASSISTANCE**

(To ensure the easy and correct processing of your application,

please ensure that the application form is filled up completely and neatly.

Where information is not available or applicable, please indicate accordingly.

Please enclose all supporting documents as requested in the form).

Attach your visiting card here

**1. General**

(a) Name of Student: \_\_\_\_\_

(b) Contact information

Address: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

**2. Other Details**

Programme detail                      UG                      PG

Specialization: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Previous Work Experience (If Any) Organization \_\_\_\_\_ Total years \_\_\_\_\_

Write in Brief \_\_\_\_\_

\_\_\_\_\_

**3. Institution's Details**

(a) Name of Institution: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

District: \_\_\_\_\_ State: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

**4. Institute's Certificate of Student Bona fide.**

We certify that above mentioned information about the student is as per institutional record. We certify that Mr/Miss/Ms. \_\_\_\_\_ is a bona fide student of our institution.

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date:

Signature

