ASSOCIATE OF ENGINEERING & MANAGEMENT STUDIES

APPLICATION FORM

For office use only							Photograph				
Registration No	Date	of Registra	ation	Sl.No							
FILL THE APPLICATION FORM IN CAPITAL LETTERS											
1. Course Applied for:-											
(Clearly fill up the course you want to join) 2. Full Name of the Applicant (Name Middlename Surname):											
3. Date of Birth:-				No. (Resi) : [
5. Sex 1. Male 2. Female 7. Mobile No.:											
7. Mobile No.:											
9. Mother's Name :											
10. E-Mail ID (if any) :											
11. Complete Address of Cor	responder	ice :									
12. Office Name & address (i	2. Office Name & address (if Any):										
Specimen Signature of the candidate											
Place :											
Date of Joining :											

Educational Qualification (Attach all certificates of Age / Qualification)

Examination Passed	Subject	Board University	Year of Passing	Percentage
		FICATE OF ENGAGEMEN EXPERIENCE / SELF CERTIFICATION		
I certify that,	My Name is			engage
under compa	any			
				rememing werker
N	Ownerstanding			
Name of the	Organisation			
		Signature :		
I enclose here	ewith Bank Draft / Cheque No	Dated	for Rs	
drawn on	in favour of AEM	IS Board, Mumbai.		
	Decla	aration By Candidate		
	ne information given in this for	m is accurate to the best of my kr	nowledge and I,	understand that any
fees paid by mo	e is no case refundable. I agre	ee to abide all the rules of AEMS.		
Name of the c	andidate :			
Specimen Sigr	nature of the candidate :			
Data				
Date				