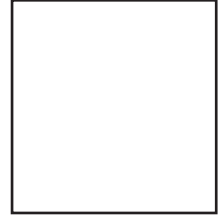


ALL INDIA INSTITUTE OF LOCAL SELF-GOVERNMENT

Application Form

(This application form duly filled in should be submitted to the office for registration to the course selected by the student below)

(Course Fee : ₹ 15,000 + Registration Fee : ₹ 500 + Prospectus : ₹ 250)



To,

**Course Coordinator,
AII LSG,**

Plot No.6, F - Block Bandra Kurla Complex,
T. P. S. Road-12, Behind Government Teachers Colony,
Bandra (E), Mumbai - 400 051. Maharashtra.

Sir,

I wish to join **Post Graduate Diploma in Urban Governance (PGDUG)** to be started in the month of _____ Year _____. I have read the prospectus and rules and regulations contained therein and I hereby agree to abide by the same. My name may please be registered for admission. I remit Rs. 500/- by demand Draft /Cash in the name of All India Institute of Local Self Government as non-refundable registration fee. The prescribed course fee will be paid immediately on receiving your call letter about my admission to the course. I am aware that payment of course fees by me confirms my admission to the course. I am aware that Admission Form which is either incomplete and / or not accompanied with registration fee of Rs. 500/- and copies of certificates / testimonials as prescribed vide clause 1 of the Prospectus will not be accepted. Relevant details are furnished below.

Student Particulars

1. Name of the applicant

Shri/Smt./Kum. _____
(Full Name as appeared in the Degree Certificate in Block Letters)

2. Date of Birth _____ Age _____

3. Address _____

4. Pin Code No. _____

5. Telephone No. _____ Mobile _____

*Strike out which is not applicable.

6. Centre desired 1st Choice _____ 2nd Choice _____

Centre :- Mumbai, Ahmedabad, Bhopal, Bangalore, Lucknow, New Delhi, Pune, Nagpur,
Vishakapatnam, Trivandrum, Kolkata.

7. Educational Qualification :

Examination Passed	Board / University	Year of Passing	Class	% of Marks Obtained
H.S.C. (12 th Std)				
Degree				
Other Exams				
(Attach attested copies of the mark sheets & Degree certificate)				

If in service -

8. Name of the Office / Mun. Council / Corporation / Others (Pl. specify) :

9. Date of Appointment :

10. Designation :

Place : _____

Date : _____

Signature of Applicant