

Application	on Form						
Fill the form in Capital Letters with Blue/Black Ball Point Pen only.							
Course Code :							
Course Name :							
Course Mode	se Mode Regular						
Course Duration: One Month Three Months Six Months One Year							
Title	Mr. Ms. Dr. Prof. Other						
Full Name :							
Father's Name :							
Mother's Name:							
Date of Birth	Gender: Gender: Female						
Nationality	Indian Others (Please Specify)						
Mailing Address :							
State :	PIN Code :						
Contact No. :							
Permanent Add:							
State :	PIN Code :						
Mobile No. :	Phone No.:						
Email :							



## **Educational and Professional Qualifications:**

	-							
S. No.	Name of the Examination Passed	Name of the Board/University	Year of Passing	Grade / Division	Main Subjects			
1.								
2.								
3.								
4.								
5.								
DD/Cł	Payment Details: Bank Transfer Cash  DD/Cheque No Date Amount (Rs.)  Issuing Bank							
Note: Please send all my correspondence to my Mailing Add. Permanent Add.								
		DECL	ARATION	· —				
I		S/O, I	D/O, W/O _					
submit the application form to SIFS INDIA Education Department and hereby declare that all the above information are true and correct. I have carefully read all the instructions, terms and conditions of SIFS INDIA and agree to abide by the same.								
Date:		_ \						
Place: (Signature of Applicant)								
Pleas	e find enclosed here	ewith:						
	Cheque / Demand Draft of Rs in favor of "SIFS INDIA PVT. LTD."  payable at "Delhi"							
2. At								
3. At	Attested photocopy of all Professional Qualification Certificates.							
4. At	Attested photocopy of Experience Certificates.							
5. At	Attested other Documents (If any)							



Send the complete form in hard copy via post, or courier with attested xerox copies of all required documents.

To,

## Sherlock Institute of Forensic Science, India

2443, Hudson Lane,

Kingsway Camp, Delhi-110009

Contact: 011-49843954, +91-9818877002

Email: info@sifs.in, contact@sifs.in

## For office use only

Status	Date	Authorised Signatory	Comments / Details / Remarks
Application Received			
Required Document Verified			
Payment Received			
Registration / Ref. No.			
Certificate No.			

Head Office: 2443, Hudson Lane, Kingsway Camp, Delhi-110009
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