



INTERNATIONAL
GEMOLOGICAL
LABORATORIES
AND INSTITUTE

application form

Course Name: _____ Start Date: _____

Timings 1st Preference: _____ 2nd Preference: _____

Applicant Information

Name _____
(FIRST NAME) (MIDDLE NAME) (SURNAME)

Father's/Husband's/Guardian's Name _____

Date of Birth _____ Nationality _____

Address for Correspondence _____

_____ City _____ Pin Code _____

Tel. (O) _____ (R) _____ (M) _____

email _____

Educational Qualification

Highest Academic Qualification Achieved, so far _____

Professional Qualification _____

Mode Of Payment

Amount Paid _____

Cash Pay Order/D.D. No Dtd

Drawn On

Credit Card Visa MasterCard Others

Card Holder's Name

Credit Card Billing Address

Credit Card Account Number _____ Exp. Date _____
dd/ mm/ yyyy

Security Code (number on signature strip) _____

I have carefully read the Prospectus and other Rules & Regulations as well as Terms & Conditions of the Institute and accept the same.

We reserve the right to reject an application with full refund of the course fee paid. We also reserve the right to reschedule and cancel classes without prior notice

Dated Signature of the Applicant

Please go through the Schedule of Courses/Start Dates/Duration/Timings/Fees etc., and then fill in the Form and submit the same at the Institute in person or through mail along with the required documents and the prescribed fees)

Additional Information

Name as you would like to get printed on your Certificate

Permanent Address _____

Educational Qualifications _____

Name & Address of the school(s) & College(s) attended

Experience in Gem & Jewellery Industry Yes/ No

If Yes, Name & address of Co./organization

And Type of Job undertaken _____

How did you come to know about our Institute? Through

a Friend/Relative Newspaper Advt. Newspaper Pamphlet Newspaper Sticker Kiosk

Your favorite Newspaper/Magazine _____

Signature of the Applicant _____

Documents to be enclosed to be application: 1) Proof of Educational Qualification, Proof of Identify/Address 2 Passport size photograph with name & signature of the applicant on the reverse

For Office Use Only

Form No. _____ Interview/Assesment _____

Session Start Date _____ Remarks _____

Timings _____ Batch Allotted _____

Payment Recd. Details _____ Authorised Signatory _____