



c. Mothers Last name First Name  
 Name:

d. Date of Birth:     Age as on 01/10/2010: \_\_\_\_\_  
 DD MM YY

e. Sex:  M  F Nationality:

f. Fathers Occupation:

**III. Student Contact Details:-**

a. Permanent Address:   
  
 State:  City:   
 Pin:  Tel:

b. Present Address:   
  
 State:  City:   
 Pin:  Tel:

c. Mob:  E-mail:

**IV. Education:**

Provide complete details of education and training which is required to access individual's eligibility for the course he/she is seeking admission. Please attach **certified copies** of all relevant academic records. (In Ascending order)

Qualification	Board / University	Year	Result (Percentage)

**V. Employment:**

Please list out the details of your last employment (if any) and attach certified copies of employer references and other relevant information (In case of service personnel, copy of I/Card or such letter from commanding officer).

a. Company Name: 

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b. Address: 

State:												City:							
Pin:										Tel:									

c. Period of Employment: \_\_\_\_\_

d. Monthly Income: \_\_\_\_\_

**VI. Disability:**

Do you have a disability that requires OSSIM to assist you in your learning environment? YES / NO

**Declaration: -**

I hereby certify that the information provided in this form, and in all documents submitted in support of this application, is complete and correct. If I am accepted, I undertake to observe all the regulations and procedures of OSSIM while I am a student there.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE FILLD IN BY THE OFFICE**

Payment Received Rs.....- On .....

By Cash/Cheque/DD No.....dated.....

Towards enrollment in..... Total Fee:.....Balance Fee .....

**For OSSIM**

Receiving Official\_\_\_\_\_



A. Qualifying Examination passed	University/ Board	Year/ Session	% Obtained	Result
10 + 2 or any other equivalent Examination				
Graduations/Equivalent Examination.				
Post Graduation/Any Other Plz. Specify. -----				

**B. Solemn Declarations:**  
I have filled in the form in my own hand after careful study of the Institute syllabi, structural outlines of the Course, rules and regulations pertaining to the year and session of the examination, under reference. The statements made by me in the form are correct. I accept full liability for any action against me under the rules/regulations of the Institution for any mis-statement or concealment of facts made by me.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

\_\_\_\_\_  
(Full Signature of the Candidate)

**Note: - All service personnel/ Ex-Servicemen/ Para-Military serving or Retired Personnel/ NCC cadet/ wards of service/ex-service personnel/Serving Security Personnel should submit relevant document as a proof to qualify for fees discount of 10%. (Eligible for regular students only)**

Dated \_\_\_\_\_

\_\_\_\_\_  
(Full Signature of the Candidate)

**For Office use only.**

**i) Details of Fees.**

Remitted Rs. \_\_\_\_\_/- Date of Receipt \_\_\_\_\_

(If paid by DD or cheque) Bank Draft No./Cheque No \_\_\_\_\_, Dated \_\_\_\_\_, Drawn on (Name of Bank) \_\_\_\_\_

**OR**

(If paid in cash) Office Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

**ii) Eligibility.**

Eligible subject to: - \_\_\_\_\_.

If not eligible Reason(s): - \_\_\_\_\_.

Dealing Official

Accounts Dept



Orion School of Security & Intelligence Management

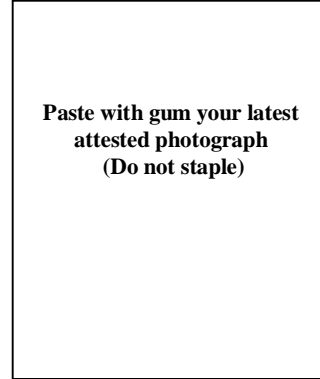
PROVISIONAL ROLL NO. CARD  
(To be filled in by the Candidate)  
(For candidate)

**(This Roll no is issued Subject to  
Final Confirmation of your eligibility)**

Name of Exam \_\_\_\_\_  
Appearing for \_\_\_\_\_  
Session \_\_\_\_\_ Year 201\_\_\_\_\_  
Roll No. \_\_\_\_\_  
Regd No. \_\_\_\_\_  
Name \_\_\_\_\_  
Son/Daughter of Sh. \_\_\_\_\_  
State \_\_\_\_\_  
Centre of Exam \_\_\_\_\_

(Full Signatures of Candidate)

Controller of Examinations.



Paste with gum your latest  
attested photograph  
(Do not staple)

This card is required to be carried by the candidate and shown on demand in the Examination Centre for verification.

Note: At the end of the Examination, this Card must be preserved by the candidate till the receipt of Diploma Cert.



Orion School of Security & Intelligence Management

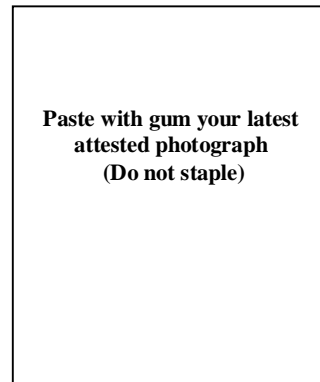
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Session \_\_\_\_\_ Year 201\_\_\_\_\_  
Roll No. \_\_\_\_\_  
Regd No. \_\_\_\_\_  
Name \_\_\_\_\_  
Son/Daughter of Sh. \_\_\_\_\_  
State \_\_\_\_\_  
Centre of Exam \_\_\_\_\_

(Full Signatures of Candidate)

Controller of Examinations.



Paste with gum your latest  
attested photograph  
(Do not staple)

Note: At the end of the Examination, this Card must be returned to the Institute by the examination centre in a separate packet.