



**National Centre for Drug Abuse prevention
NATIONAL INSTITUTE OF SOCIAL DEFENCE
MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT**

Name of the Course.....

**Passport Size
Photograph
Self-attested**

1. Name of the Candidate (Mr./Mrs./Miss/Mx):
(In Block Letters)
2. Aadhaar Number:
3. Father's Name:
4. Date of Birth:
5. Age:
6. Academic Qualifications: Graduate/Post-Graduation
(Attach attested copies of certificate)
7. Specialization/Field/Discipline:
8. Experience:
9. Local Address and Tel. No.:
10. Permanent Address and Tel. No.:
11. Email Id:
12. Name of the Local Guardian:
& Relationships

(Signature of the Candidate)

UNDERTAKING

I hereby undertake that I have read the Rules and Regulation of the National Institute of Social Defence, New Delhi and I shall fully abide by them. I will be regular in attending Classes/Course activities for whole period of

In case of default, I shall be liable to pay the total expanses borne by the Government in this connection. I have read and understood these obligations and confirm it by putting my signature below in the presence of guardian.

(Signature of the Candidate)