

GOVERNMENT OF MAHARASHTRA  
**INSTITUTE OF FORENSIC SCIENCE**

THE INSTITUTE OF SCIENCE CAMPUS  
15, MADAM CAMA ROAD, MUMBAI-400 032.

Ph.No. 022-22844219./ 22047962 : Fax No. 022-22816750 : Website : [http :/ /www. Instituteofscience-mumbai.ac.in](http://www.Instituteofscience-mumbai.ac.in)

**APPLICATION FOR THE ADMISSION TO**

1. B.Sc. in Forensic Science. ☐
2. P.G. Diploma in Forensic Science and Related Law. ☐
3. P.G. Diploma in Digital and Cyber Forensic and Related Law. ☐

**For the Academic Year : 200\_ - \_**

To,  
The Director,  
Institute of Forensic Science,  
The Institute of Science Campus,  
15, Madam Cama Rd.  
Mumbai- 400 032.

Paste  
Recent  
Photograph

I have read the Prospectus and understood all the rules and regulations regarding the admission payment of fees, attendance etc. I hereby agree, if admitted, to abide by the rules and regulations at present in force or that may hereafter be enforced for the governance of the Institute. I undertake that I shall obey the same and maintain the discipline.

I submit herewith a PROVISIONAL ELIGIBILITY CERTIFICATE from the Registrar, University of Mumbai. (for students other than Mumbai University)

I give below the necessary details.

1. Name (as mentioned in SSC mark sheet in Capital Letters.)

..... (SURNAME)	..... (NAME)	..... (FATHERS NAME)	..... (MOTHERS NAME)
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2. Sex :- Male/Female

3. Category: - General / S.C./S.T./V.J./N.T./O.B.C./S.B.C.

4. Date of Birth (as mention in school leaving certificate) :-        /        /

5. Whether belongs to\* :

- (i) Physically Challenged :- Yes / No
- (ii) Ward of Ex-Serviceman :- Yes / No
- (iii) Ward of State / Central Govt. Employee on transfer :- Yes / No

6. Name of the Guardian/Parent :- .....

7. Address :- 1. Local        :- .....
- .....
- .....

2. Native Place :- .....
- .....
- .....

8. Contact No:-
9. E-mail address :-
10. Qualifications :-

Sr.No.	Previous Examination Passed.	Board/ University	Marks Obtained in Optional subjects ( Out off )	Percentage of Marks	Class obtained
1	H.S.C./ Equivalent.				
2	Bachelor degree (specify :-.....)				
3	Any other equivalent degree				

Date: -

Signature of the Student.

Documents attached. (Pl. tick)

- |  |                          |
|--|--------------------------|
| 1. Leaving certificate/Transfer certificate.                     | <input type="checkbox"/> |
| 2. Cast Certificate.   | <input type="checkbox"/> |
| 3. Mark list H.S.C. / Equivalent examination)                    | <input type="checkbox"/> |
| 4. Bachelor degree (First, Second, Third & final Year Mark list) | <input type="checkbox"/> |
| 5. Degree Certificate  | <input type="checkbox"/> |
| 6. Migration Certificate *                                       | <input type="checkbox"/> |
| 7. Provisional Eligibility certificate *                         | <input type="checkbox"/> |
| 8. Other ( specify)  | <input type="checkbox"/> |

- Strike off If not applicable.