



Father's name: .....

Father's occupation: .....Annual income: Rs.....

Mother's name: .....

Mother's occupation: .....Annual income: Rs.....

Address for communication:.....

.....

.....

District: ..... State: .....

PIN ..... Phone No. with STD code: .....

Mobile No. .... Email ID .....

Permanent address: .....

.....

.....

District: ..... State: .....

PIN ..... Phone No. with STD code: .....

The area of your permanent residence comes under:

PLEASE TICK

Rural  Urban

**Academic Information (Attach copies of mark/grade sheets and certificates):**

Qualification	Main Subject & Ancillary	Name of the Institution	Board / University	Year of Passing	Marks in % or Grades
SSLC / Equivalent					
+2 / Equivalent OR PUC					
Graduation (Specify Degree)					
Any other qualifications...					
Previous Experiences, if any					
Achievements/Extra-curricular activities such as NCC, Sports					

<b>How did you come to know about RAXA Academy's PGDISM? Please tick</b>			
<b>Newspapers:</b>			
<b>Internet:</b>			
<b>Friends:</b>			
<b>College:</b>			
<b>If others, specify</b>			
<b>Please give your reasons for pursuing PGDISM at RAXA Academy?</b>			
<b>Please give reasons for choosing a career in Security Services?</b>			
<b>Are you interested to join Armed/Police forces? If yes, tick the appropriate boxes on to your right</b>		<b>Yes</b>	<b>No</b>
	<b>State Police:</b>		
	<b>Central Police:</b>		
	<b>Armed Forces:</b>		
<b>ELIGIBILITY CRITERIA FOR ARMED/POLICE FORCES:</b>			
<ol style="list-style-type: none"> <li>1. Age limit for Armed Forces is 24 years (For technical/specialized streams - 27 years). Para-military and Central Police Organizations is 25 years. For State Police organizations, varying higher age limits are applicable. (Relaxation of age is subject to various categories of reservations as stipulated).</li> <li>2. Students have to meet the Physical and Medical Standards as stipulated in the Armed/Police forces to be eligible for entry.</li> </ol>			

### DECLARATION BY THE APPLICANT

I, \_\_\_\_\_ son/daughter  
of \_\_\_\_\_

hereby declare that the particulars given by me in the application are true. I shall produce the original certificates at the time of admission or on demand. If, in the future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw from PGDISM without any claim or consideration of the \_\_\_\_\_.

Place:

Signature of the candidate:

Date:

Name

### DECLARATION BY THE PARENT / GUARDIAN

I, \_\_\_\_\_ undertake the responsibility of my son / daughter / ward \_\_\_\_\_ who is seeking admission in the RAXA ACADEMY to pay the requisite fees within the stipulated dates during the course. Further, I declare that the information furnished by him/her is correct and true and that if, in the future, any information is found to have been furnished falsely or incorrectly or any information suppressed to secure admission, I shall withdraw my son /daughter/ward from the programme without any claim or consideration of the period of study / stage of the programme he/she has completed.

Place:

Signature of the Parent/Guardian

Date:

Name:

**Read the prospectus and understand information provided therein before sending the application form.**

**Send in your completed application form, after paying the Registration Fee of Rs.250, to**  
PGDISM Coordinator, RAXA Academy , Kodikonda Check Post, (NH-7),  
Morampalli PO, Chilamattur Mandal, Hindupur Taluk, Ananthapur,  
Andhra Pradesh - 515601

For any information contact:

Mobile Number: +91-7702983314

Email ID: [pgdism.raxa@gmrgroup.in](mailto:pgdism.raxa@gmrgroup.in)

**Note: Transaction reference of the payment of Registration Fee should be mentioned here: -----**  
(Please attach payment acknowledgement slip along with the application form)