

	 <b>International Institute of Human Resources</b>	<b>Document No.</b>	IIHR-QF-102
		<b>Issue No</b>	01
<b>Student Admission Enquiry Form</b>		<b>Issue Date</b>	01.04.2019
		<b>Rev. No.</b>	00
		<b>Rev. Date</b>	-
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<b>Student Details</b>
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<b>Full Name*:</b>			
<b>Date of Birth*:</b>		<b>Sex:</b>	
		<b>Marital Status:</b>	
<b>Mobile No:</b>		<b>E-mail ID:</b>	
<b>Bachelor Degree*:</b>		<b>Year Passed*:</b>	<b>Full Time / Part Time</b>
<b>University</b>			
<b>Post-Graduation*:</b>		<b>Year Passed*:</b>	<b>Full Time / Part Time</b>
<b>University</b>			
<b>Total Years of Work Experience*:</b>		<b>Total Years of Experience in HR*:</b>	
<b>Certification you are Interested in*:</b> <b>CHRG</b> <input type="checkbox"/> <b>CHRP</b> <input type="checkbox"/>			

**When You want to Join the Certification Program:**

**Where did you hear about us?**

<b>Emergency Contact Details</b>
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<b>Father's Name:</b>		<b>Mobile No:</b>	
<b>Spouse' Name:</b>		<b>Mobile No:</b>	

**\* required fields**  
 I hereby acknowledge that by submitting this form I give permission to IIHR to process the personal data included in this form for purposes associated with education, its administration and other related matters. I certify that all information provided in this application is complete and accurate.  
 Please send the completed form to [enquiry@iihr.edu.in](mailto:enquiry@iihr.edu.in)

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_

<b>For Office Use Only</b>
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<b>Enquiry Source:</b>	<b>Enquiry Taken By:</b>
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**Remarks:**