

Gujarat Institute of Disaster Management (GIDM)

B/h PDEU, Raisan Village, Gandhinagar, Gujarat 382426

Website: <https://gidm.gujarat.gov.in>



No. GIDM/PDIS: _____

**APPLICATION FORM FOR
ADMISSION IN POST DIPLOMA IN INDUSTRIAL SAFETY (PDIS)
(Academic Year 2026-2027)**

Affix latest self
attested recent
passport size
photograph

For OFFICE USE ONLY

Qualification: _____ Percentage (%) _____ Passing Year _____

Experience: Years Months Days

Category: GEN SC ST OBC EWS OTHERS

Tick the course type you are interested in enrolling	Full-Time		Part-Time			
	Surname	First Name	Father/Husband Name			
Full Name (in BLOCK LETTERS) (as per School Leaving Certificate, enclose copy of Certificate)						
Date of Birth (as per School Leaving Certificate)	DD	MM	YYYY			
Gender						
Place of Birth						
Category (Tick where applicable) Attach copy of relevant certificate	GEN	SC	ST	OBC	EWS	OTHERS
Permanent Residential Address (with Pin Code)						
Address for Correspondence (with Pin Code)						
Mobile No						
E-mail Id						

Educational Qualification (Attested copies of the certificates should be attached)

Qualification	Degree/ Field of Study	Name of the University/ Board	Year of Passing	Percentage/ Grade
1. SSC				
2. HSC				
3. Graduation				
4. Post-Graduation or Master Degree				
5. Ph. D				
6. Others, if any				

Work Experience Record (Please start with Present/Last Organization)

(Attested copies of the work experience should be attached)

Name of Organization (with Contact Number)	Designation	Duration		Total Experience in Months/Year
		From	To	
		Total Experience (in Months)		

Are you sponsored?

If yes, provide the certificate from a registered factory under the Factories Act, 1948 or registered construction site under BOCW Act & Rules or registered under Major Ports Act, on the Letter head of the Sponsoring organization as per the sample enclosed.

Declaration: I hereby declare that the information furnished in this application is true and correct to the best of my knowledge and belief and that no material information has been suppressed by me. I also understand that I stand to be disqualified from being admitted to the Course or from continuance in the Course, in the event of any information being found incorrect.

I undertake to complete the requisite project and term work during the period of the course.

Signature & Name of the Applicant**Place :****Date :**

ATTACHMENTS

1. School Leaving Certificate
2. Copy of Qualifying Mark-sheet
3. Copy of Degree Certificate
4. Copy of Migration / Provisional Certificate
5. Copy of Domicile Certificate
6. Copy of Experience Certificate
7. In case of working candidate, NOC from current Employer
8. In case of SC / ST, copy of certificate from Competent Authority
9. In case of SEBC, latest certificate with creamy layer
10. In case of sponsored, Sponsor's signed certificate