



Om Institute of Logistics & Supply Chain Management

Khasra No.- 2/11, State Highway No.- 26, Gurgaon-Patodi Road, Jamalpur (HR)

For more details kindly contact :



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Application Form

Application No. :

Personal Particulars:

Name : _____ Father's Name : _____

Date of Birth : _____ Gender : Male ☐ Female ☐

Communication Address : _____

Permanent Address : _____

Tel No : _____ Mobile No : _____

E-mail address : _____

Hostel Required ☐ Not Required ☐

Academic Information				
Std.	Name of the School / College	Year of Passing	Exam Authority	% Obtained
X th				
XII th				
Graduation				
Other				

I hereby certify that the information given in this application form in the best of my knowledge and belief.
i have read all the rules and regulation and promise to abide by it.

Place : _____ Signature (Student) _____ Signature (Parent/Guardian) _____

Date : _____

Ref : _____ S/o/D/o _____

FOR OFFICE USE ONLY

Detail of fee : Receipt No. : _____ Date : _____ Course : _____ Amount : _____

Cash / Cheque / P.O. / D.D. No. : _____ Bank : _____ Reg No. : _____

Authorised Signature :

Admission : Granted ☐ Rejected ☐