Registration Form

iOS App Development

Centre of Excellence in iOS App Development

Alliance University, Bengaluru

Paste Passport Size Photograph

1. Personal Information

Full Name: _____

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: ____ / ____ / _____

Mobile Number: _____

Email Address: _____

Address: _____

City: _____

State: _____

PIN Code: _____

2. Academic / Professional Information

Participant Category:

☐ Undergraduate Student
☐ Postgraduate Student
☐ Faculty Member
☐ Working Professional
☐ Research Scholar
☐ Self Employee/ Free launcher

Institution / Organization Name:

Department / Specialization:

Current Year / Semester (For Students):

Designation (For Faculty / Professionals):

Student ID / Employee ID:

---

3. Educational Background

Highest Qualification Completed:

☐ Diploma
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree
☐ Other: _____

Area of Study:
☐ Artificial Intelligence & Machine Learning
☐ Data Science
☐ Electronics & Communication Engineering
☐ Software Engineering
☐ Computer Applications (BCA/MCA)
☐ Information Systems
☐ Cyber Security
☐ Other: _____

4. Motivation for Joining

Why are you interested in this certification program?

Career Interest Area(s):

☐ iOS App Development
☐ Mobile Application Development
☐ Swift Programming
☐ UI/UX Design for Mobile Apps
☐ Apple Ecosystem Development
☐ Mobile Software Engineering
☐ App Testing and Quality Assurance
☐ Entrepreneurship and Startup Development
☐ Freelance Mobile App Development

☐ Research and Innovation in Mobile Technologies

5. Documents to be Submitted

Mandatory Documents

☐ Recent Passport-Size Photograph

☐ Student Identity Card / Employee Identity Card

Applicable Documents

☐ Resume / Curriculum Vitae (Faculty Members, Research Scholars, and Working Professionals)

☐ Portfolio / Project Details (Optional)

6. Emergency Contact Information

Name of Emergency Contact Person:

Relationship: _____

Contact Number: _____

---

7. Declaration

I hereby declare that the information provided in this registration form is true and correct to the best of my knowledge. I agree to abide by the rules, regulations, attendance requirements, assessment policies, and code of conduct prescribed by the Centre of Excellence in iOS App Development, Alliance University.

I understand that successful completion of the certification program requires fulfillment of attendance, assessment, project, presentation, and certification requirements.

Place: _____

Date: ____ / ____ / _____

Signature of Applicant: _____

For Office Use Only

Application Number: _____

Date of Registration: _____

Eligibility Verification

- ☐ Eligible
- ☐ Provisionally Eligible
- ☐ Not Eligible

Document Verification

- ☐ Photograph Verified
- ☐ Identity Card Verified
- ☐ Resume/CV Verified (If Applicable)

Selection Status

- ☐ Selected
- ☐ Waitlisted
- ☐ Not Selected

Remarks:

_____

_____

Verified By: _____

Program Coordinator Signature: _____

Date: _____