

Centre for Continuing Education Kerala
S. S. Kivil Road, Thampanoor, Thiruvananthapuram

APPLICATION FORM FOR ADMISSION

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Name of Course :
.....

.....
Date of Commencement :
.....

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1. Name of Candidate :
(in Capital Letters)
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.....
2. Male/Female :
.....

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3. Date of birth :
.....

.....
4. Whether belonging to SC/ST :
If yes, give details :
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.....
5. Permanent Address with PIN Code :
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6. Name & Address of parent/guardian :
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7. Whether parent(s) employed :
Give details :
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8. Phone No: (Res) (Off) Mobile)
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9. Annual income of parent/guardian :
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10. Examination(s) passed :
(Give details)
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.....
11. Institution in which studying/
studied last (strike off whichever is
inapplicable) :
.....

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12. If studying, Course/Class in which :
studying :
.....

Declaration

I,, hereby declare that the information furnished above is true.

Date:

Signature

.....
(For Office Use)

Date of admission :

Fee paid: Receipt No.:
Date :

Director