

CENTRE FOR CONTINUING EDUCATION KERALA

[Estd. by Government of Kerala]

Anathara Lane, Charachira, Kowdiar P.O, Thiruvananthapuram-3

APPLICATION FOR ADMISSION

| Name of Course | | : |
|---|--|------------------------------|
| Duration & Date of Commencement | | : |
| 1. | Name of Candidate (in capital letters) | : |
| 2. | Whether male/female | : male/female |
| 3. | Age and Date of Birth | • |
| 4. | Whether belonging to SC/ST | : yes/no |
| (i) | If 'yes' give details | : |
| (ii) | In the case of others specify Religion & Caste | : |
| 5. | Whether belongs to weaker section or below poverty line (BPL) | : |
| 6. | Educational qualification(s) (Give full details) | : |
| 7. | Institution in which studied/is studying with class and subjects | : |
| 8. | Address for communication with PIN code | : |
| 9. | Permanent address with PIN code | : |
| 10. | Phone No. with STD Code | Res: Mobile: |
| 11. | Name and address of parent/ Guardian | : |
| 12. | Whether parent(s) employed If `yes', give details | : |
| 13. | Annual income of parent/guardian | : |
| DECLARATION | | |
| I, hereby declare that the particulars stated above are true. | | |
| Date: | | |
| | Signature of parent/gua | rdian Signature of applicant |
| (For Use in CCEK Office) | | |
| | | |
| Date of admission : Fee paid: : Rs. | | |
| | eipt No. : | |
| Date | - | DIRECTOR |