

**Centre for Continuing Education Kerala**  
**[Estd. by the Government of Kerala]**

**Talent Development Course for High School Students**

**APPLICATION FORM**

1. Name :  
(In capital letters)
2. Age and date of birth :
3. Class & School in which studying :
4. Name of parent/guardian with address & Phone No. :
5. Office address/guardian with Phone No. (if employed) :
6. Annual income of parent/guardian :
7. Extra-curricular/extra-mural activities in which the student has distinguished himself/herself . . . :

Place:

Date:

Signature of student

Signature of parent/guardian

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**Certificate**

Certified that ..... is a student of Std. .... of this school.

Date:

(Seal)

Signature of Head of Institution

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(For Use at CCEK Office)

Fee paid Rs.

Receipt. No.

Date:

Selected/not selected

Date:

**Director**  
Centre for Continuing Education Kerala