

## GOVERNMENT OF KERALA CENTRE FOR CONTINUING EDUCATION KERALA

Affix a recent passport size photograph

Continuing Education Sub-centre

Name of Sub-Centre:						
Name of Course						
Name of Applicant (in block letters)						
Date of Birth						
Gender		Male		Female		
Religion & Caste, Sub-Caste if any						
Whether belonging to SC/ST/OEC/BPL/SEBC						
If yes, give details						
Name of Parent						
Permanent Address with PIN Code		E-mail :				
Address for Communication with PIN Code		Mobile :	Res:			
Qualification with Percentage of Marks		Medic 1	T.GG.			
Date :			Sigr	nature of Cai	ndida	ite
Roll No :						
Fee Paid Rs :						
Receipt No & Date :			M	ANAGER		