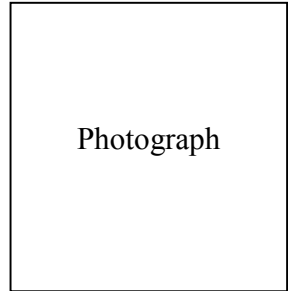# UNIVERSITY OF KERALA
DEPARTMENT OF ARABIC

Application for Participation in International Workshop
"Teaching of Arabic Language Skills"

Application No:

(*office use*)

Photograph

1.	Name (*Block Letters*)	
2.	Age & Date of Birth	
3.	Address (*Residence*)	
	Tel. No	
	Email ID	
4.	Address (*Institution*)	
	Tel. No	
	Email ID	
5.	Qualifications	

I hereby declare that the details given above are correct and I shall abide by the rules of the university.

Place:

Date: *Signature*