

UNIVERSITY OF KERALA

Photo



CENTRE FOR ADULT, CONTINUING EDUCATION AND EXTENSION
VIKAS BHAVAN P.O, PMG JN., THIRUVANANTHAPURAM – 695033

APPLICATION FORM FOR CONTINUING EDUCATION COURSES

NAME OF COURSE

1. a) Name in English (in block letters) :

b) Name (in Mother Tongue) :

2. Sex : Male / Female

3. Age & Date of Birth :

4. Name of Father/Guardian :
(Specify Relation) : Mother / Father / Relative

5. Marital Status : Married / Un married

6. Economic Status : BPL / APL

7. Religion and Community :

8. Address for communication :

Pin

Email. id

9. Phone No.(with STD Code) :

Mob No. :

10. Educational level :

Name of Institution Studied	Name of the course	Year of study	Year of passing the examination	Subject	Marks in %.

11. Details of course fee

Sl. No.	Date	Name of Bank & Branch	D.D.No.	Amount

DECLARATION

I do hereby declare that the statements made in the application are true and the documents attached herewith are true copies of the originals in my possession, which will be produced for verification when required.

Place :

Date :

Signature of applicant

OFFICE USE

Admitted / Not admitted

Date :

Director

Filled in application along with a DD for Rs. 110/- in favour of “The Director, CACEE, University of Kerala” payable at Thiruvananthapuram and a self addressed stamped envelope should be forwarded to “The Director, Center for Adult Continuing Education and Extension, University of Kerala, Vikas Bhavan.P.O, P.M.G Jn., Thiruvananthapuram – 695 033.

The candidate has to attach attested copies of Original Certificates of Qualifying exam, Date of Birth and experience.