DEPARTMENT OF ARABIC

UNIVERSITY OF KERALA

Application for Post Graduate Diploma in Arabic Translation

Admission No:
(*office use*)

Photograph

Personal Details		
1.	Name of Applicant (*Block Letters*)	
2.	Date of Birth	
3.	Gender	Male/ Female
4.	Communication Address	
	Permanent Address	
	Contact No.	
	Email	
5.	Father's Name	
	Contact No	
	Occupation of Father	
	Annual Income of Parent	
	Local Guardian	
6.	Religion	
	Caste	
	Category (General/SEBC/SC/ST)	

Educational Qualifications

Sl. No.	Name of the Qualification	Name of the Board/University	Marks (%)/CGPA
1	Xth Std		
2	Plus Two		
3	UG		
4	PG		
5	Any Other *(Specify)*		

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

Place:

Date: *Signature*