



UNIVERSITY OF KERALA
DEPARTMENT OF LINGUISTICS

**APPLICATION FOR ADMISSION TO THREE MONTH
CERTIFICATE COURSE IN FUNCTIONAL MALAYALAM**

(Affix passport
size photo)

1	Name in full (Block Letters)	
2	Age and Date of Birth	
3	Nationality	
4	Mother Tongue	
5	Permanent home address & Phone No.	
6	Address to which communication should be sent (<i>with Mobile phone No. & email address</i>)	
7	Name and address of parent or guardian	
8	Name and address of local guardian, if any	

9	Academic Qualifications <i>(Specify name of the institution & the course, and year of passing. Attach copies of certificates along with this application)</i>	
10	Present Employment, if any	
11	Any other qualifications or information the candidate may wish to add	
12	List of documents attached	

Declaration

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

Place:

Date:

Signature of the applicant

For Office Use only

Remarks:

Date of admission:

Admission Number

Head of the Department