



UNIVERSITY OF KERALA

DEPARTMENT OF GERMAN

Application for admission to the Course in German

Cost of application form: Rs. 105/-

Chalan No. _____ Dated _____

Registration fee: Rs. 105/-

Chalan No. _____ Dated _____ (to be attached)

1. Name in full (in Block letters)	
2. Course to which admission is sought	
3. Age, Date of birth	
4. Sex:	
5. Whether married or Single	
6. Place of Birth (<i>With Taluk and District</i>)	
7. Religion, Caste and Community	
8. Permanent Address Telephone No., if any e-mail address, if any	
9. Address to which communication should be sent	
10. If employed, give details of employment, employer	
11. Name, Occupation and address of parent or guardian (<i>state relationship</i>)	

12.a. Academic Qualifications (<i>starting with graduation</i>):				
Degree	Year of Passing	Name of University	Class	Subject
b. The details of Examination passed in German (if any)				

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. I have read through the prospectus and I accept the terms and conditions mentioned in it.

Place:

Signature of the Applicant

Date:

(For Office use only)

Admission Register No. :

Details of remittance of Registration fees :

Date of Admission

Thiruvananthapuram

Head of the Department

Department of German