



CENTRE FOR CONTINUING EDUCATION KERALA

[Estd. by Government of Kerala]

Anathara Lane, Charachira, Kowdiar P.O, Thiruvananthapuram-3

Phone :0471-2313065, 0471-2311654

APPLICATION FOR ADMISSION

Name of Course	:	
Duration & Date of Commencement	:	
1. Name of Candidate (in capital letters)	:	
2. Whether male/female	:	male/female
3. Age and Date of Birth	:	
4. Whether belonging to SC/ST	:	yes/no
(i) If 'yes' give details	:	
(ii) In the case of others specify	:	
Religion & Caste	:	
5. Whether belongs to weaker section or below poverty line (BPL)	:	
6. Educational qualification(s) (Give full details)	:	
7. Institution in which studied/is studying with class and subjects	:	
8. Address for communication with PIN code	:	
9. Permanent address with PIN code	:	
10. Phone No. with STD Code	:	Res: Mobile:
11. Name and address of parent/ Guardian	:	
12. Whether parent(s) employed If 'yes', give details	:	
13. Annual income of parent/guardian	:	

DECLARATION

I,, hereby declare that the particulars stated above are true.

Date:

Signature of parent/guardian

Signature of applicant

(For Use in CCEK Office)

Date of admission :

Fee paid : Rs.

Receipt No. :

Date :

DIRECTOR