



**GOVERNMENT OF KERALA**  
**DIRECTORATE OF MINORITY WELFARE**  
**UGC/CSIR-NET COACHING- APPLICATION FORM**

NAME OF INSTITUTION :

ADDRESS :

CONTACT NUMBER :

EMAIL-ID :

NAME OF REGISTRAR/PRINCIPAL :

PHONE NUMBER :

EMAIL-ID :

NAME OF COACHING CO-ORDINATOR :

PHONE NUMBER :

EMAIL-ID :

**Tick the subject for which the course is intended to be organized:**

- Mathematical science
- Physical science
- Chemical science
- Earth science
- Life science

**How many regular teachers are there in the college for the subject in which the course is intended to be organized :**

**Previous experience on organizing such events :**

**Place :**

**Signature**

**Date :**

**Registrar/Principal**