



# COACHING CENTRE FOR MINORITY YOUTH

An Institution under Minority Welfare Department

Government of Kerala

## APPLICATION FORM

1. Name of the Program/Course:	Degree <input type="checkbox"/> General <input type="checkbox"/> Holiday <input type="checkbox"/>		
2. Name of the applicant <i>(In block letters)</i>			
3. Address	Pin: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Affix a Passport size Photograph
	E-mail: <input type="text"/>		
	Mobile: <input type="text"/>	Phone: <input type="text"/>	
4. Age and date of birth	<input type="text"/>	___/___/___	
5. Qualification	<input type="text"/>		
6. Religion and Caste	<input type="text"/>		
7. Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Ex-service <input type="checkbox"/>		
8. Whether employed if yes, details	<input type="text"/>		
9. Name of parent /Guardian	<input type="text"/>		
	Contact No : <input type="text"/>		

The details furnished by me above are true to the best my knowledge. I will abide by the rules and regulation of this institution.

Signature of the applicant

Signature of guardian

### FOR OFFICE USE

Admission NO. & Date:

verified  
PRINCIPAL