

CENTRE FOR VEDANTA STUDIES
UNIVERSITY OF KERALA
KARYAVATTOM
Textual Workshop on Dhvanyaloka
2017Feb.13-22
Registration Form

Applicant's Name (in Block Letters)	
Gender	
Date of Birth (dd/mm/yyyy)	
Name of University/College/Dept. with address	
Designation	
Educational Qualification	
Subject	
Specialization	
Area of interest	
Email Address	
Contact Number	
Do you require accommodation? (Indicate reply in Yes or No)	

Declaration by the Applicant

I, [Applicant's name] hereby certify that all information provided in this application form is true, complete and correct to the best of my knowledge. If selected, I undertake to spend the time during the period of workshop as directed by the program management.

Place
Date:

Signature of the applicant
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