

UNIVERSITY OF KERALA
DEPARTMENT OF FUTURES STUDIES
Application for Admission to Post Graduate Diploma in Knowledge
Management (PGDKM)
(Under UGC Innovative Programme)
2018-19

| | |
|---|---|
| Details of Application and Registration Fee Pay in slip/D.D.No..... Amount Date..... Name of Bank..... | Affix Passport Size Photograph here |
|---|---|

| | |
|---|--|
| 1. Name of the Applicant (in block letters) | |
| 2. Address to which communications are to be sent Telephone number if any E-mail address if any | |
| 3. Permanent Address | |
| 4. Age and date of birth (In figures and words) | |
| 5. Sex | |
| 6. Nationality | |
| 7. Father's / Guardian's Name and Address | |
| 8. Occupation and annual income of parent | |
| 9. Name and address of Local guardian, Telephone number if any | |
| 10. Have you been in receipt of any | |

| Scholarship or fee concession? If so, give details | | | | | | |
|---|--------------|--------------|--------------------|-----------------|-----------------------|------------|
| 11. Religion & Community (Specify whether SC/ST/OBC/OEC/General /Others) | | | | | | |
| 12. Are you a Matriculate of this University | | | | | | |
| 13. Institution through which matriculated with year | | | | | | |
| 14. If employed, give details | | | | | | |
| 15. Educational Qualifications | | | | | | |
| Examination Passed | Main Subject | Class / Rank | Grade / % of Marks | Year of Passing | College / Institution | University |
| | | | | | | |
| 16. If sponsored candidate, give details | | | | | | |

Declaration

I do hereby declare that the statements made in the application are true to the best of my knowledge and belief.

Place:

Date:

Signature of the applicant

For Office use only

Date of Receipt of application:

Date of admission:

Admission No:

Remarks:

Head of the Department

Entrance Test for admission to PGDKM 2018-19

HALL TICKET

The hall ticket duly filled should be returned along with the application form with photo and signature attested by a Gazatted Officer

Section I

| | |
|---------------------|--|
| Date of Test: | Time: |
| Register No: | |
| Place: | <div style="border: 1px solid black; width: 100px; height: 20px;"></div> |

Name of Candidate :

Address :

Signature of the candidate

(To

be signed in the presence of

Identifying Officer)



I certify that the photo and signature are that of

Identifying Officer's



Name.....

Designation

Signature of the Identifying Officer

signed on the Photograph)
(Office Seal)

(To be

Section I to be detached and handed over to the Invigilator at the time of examination

.....Cut Here
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Section II

Date of Test:

Time:

Register No:

Place:

Name of Candidate :

Address :

Candidate

Signature of the