<table>
<thead>
<tr>
<th>Details of Application and Registration Fee</th>
<th>Affix Passport Size Photograph here</th>
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<tr>
<td>Pay in slip/D.D.No.......................... Amount .......... Date.............</td>
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<tr>
<td>Name of Bank..................................</td>
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</tbody>
</table>

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
UNIVERSITY OF KERALA
Department of Futures Studies
Entrance Test for admission to PGDKM 2017-18

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:

Name of Candidate:

Address:

I certify that the photo and signature are that of ............................................

Identifying Officer’s Name.................................................................

Designation .................................................................

Signature of the Identifying Officer
(To be signed on the Photograph)

Affix Passport Size Photograph here

Signature of the Identifying Officer
(To be signed on the Photograph)

(Office Seal)

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

Section II

Date of Test: .......................... Time: .......................... Register No:

Place:

Name of Candidate:

Address:

Signature of the Candidate