



**KERALA STATE CENTRE FOR ADVANCED PRINTING & TRAINING
THIRUVANANTHAPURAM**

Website
Downloaded
Appli.Form

Application for Training Programme 20..... - 20.....

Photo

Course Name.....

(Downloaded Application Form valid only on remitting prescribed cost in Demand Draft)

DD Amount Rs.....DD No.....Date.....Bank Drawn.....

1. Name of Candidate <i>(in Capital Letters)</i>			
2. Address for communication with Pin Code			
3. Permanent Address			
4. Sex			
5. Name of Guardian			
6. Telephone / Mobile No.			
7. Age and Date of Birth			
8. Caste and Community			
9. Qualification**			
Board / University	Year of passing	Register No.	% of Marks
10. Centre preferred for Training		11. Batch Time Preferred	
1.		1.	
2.		2.	
3.		3.	

**Attach attested copy of Certificate & Marklist

Certified that the information given above is True and Correct

Date :.....

Signature of Applicant

Application duly filled up along with copies of all documents should be sent to the respective Training Centres Thiruvananthapuram / Ernakulam / Kozhikode as per address of Training Centre along with Demand Draft.

(For Office use only)

Centre admitted : Fee amount paid :
Batch : Receipt Number :
Admission Number : Date :