



KMCT

GROUP OF EDUCATIONAL INSTITUTIONS

ADMINISTRATIVE OFFICE
National Hospital Compound
Indira Gandhi Road, Kozhikode 673 001
Kerala, India
Phone (0495) 272 0415, 325 1578, 272 3061-66
Fax (0495) 272 0466
E-mail info@kmct.edu.in
www.kmct.edu.in

Application Form

Course Applied for

PLEASE READ INSTRUCTIONS AT THE END CAREFULLY BEFORE FILLING UP

Name _____

Age _____ Date of Birth _____

Sex _____ Nationality _____ Blood Group _____

Religion _____ Caste _____ Marital Status _____

PLEASE
AFFIX YOUR
PHOTOGRAPH
HERE

Name of Parent/ Guardian _____

Occupation _____ Annual Income _____

Permanent Residential Address _____

Phone No. with STD code _____ Contact Mobile No. _____

E-mail _____

Address to which communication is to be sent _____

Education Profile

Sl. No.	Qualifying Examinations (Please specify the qualification, course)	Name of Institution/ University	Year of Passing	% of Marks
---------	---	---------------------------------	-----------------	------------

1. _____

2. _____

3. _____

4. _____

5. _____

Work Experience (If any)

Sl. No.	Name of the Institution/ Organisation	Designation/ Position held	Period of Employment	Reasons for leaving
---------	--	----------------------------	----------------------	---------------------

1. _____

2. _____

3. _____

4. _____

5. _____

Extra Curricular Activities

Sl. No.	Specify the Item <i>(E.g.: Sports–Volleyball, Arts–Folk Dance etc.)</i>	Name of Institution/University participated	Year of Participation	Prizes Received
1.				
2.				
3.				
4.				
5.				

Academic Achievements *(E.g.. Degree rank holder, Publications, Recipient of merit scholarship etc.)*

Sl. No.	Specify the Achievement	Name of Institution/ University	Year of Achievement	Prizes Received
1.				
2.				
3.				
4.				
5.				

Hobbies & Interests

Declaration by the Applicant

I hereby declare that the above mentioned information are true and correct to the best of my knowledge and belief.

Place	Signature of the Applicant
Date	Name

Declaration by the Parent/ Guardian

I hereby confirm having read the above information given by my ward and declare that the same are true and correct.

Place	Signature of the Parent/Guardian
Date	Name

Instructions <ol style="list-style-type: none">1. Please fill in BLOCK LETTERS only.2. Columns not applicable may be left blank.3. Use additional sheets if necessary to give more details or if the given space is insufficient.4. Please attach self-attested copies of any relevant certificates/ documents.	FOR OFFICE USE ONLY
---	---------------------