

UNIVERSITY OF KERALA
DEPARTMENT OF FUTURES STUDIES

Application for Admission to Post Graduate Diploma in Knowledge Management (PGDKM)
(under UGC Innovative Programme)

2016-17

Details of Application and Registration Fee Pay in slip/D.D.No..... Amount Date..... Name of Bank.....	Affix Passport Size Photograph here
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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 2016-17
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: 30px; margin: 0 auto;"></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
(To be signed on the Photograph)

(Office Seal)

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

.....Cut Here

Section II

Date of Test:

Time:

Register No:

Place:

Name of Candidate :

Address :

Signature of the Candidate