



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

Website
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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 (in Capital Letters)			
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 :