



UNIVERSITY OF KERALA

CENTRE FOR CONVERGENCE MEDIA STUDIES

Senate House Campus, Palayam, Thiruvananthapuram – 695 034

Phone : 0471-2301045/2306422 – Extn. 432 (O),

e-mail : ccmsku@yahoo.com ; www.ccms.keralauniversity.edu

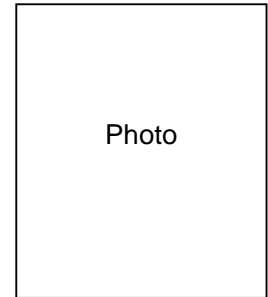
APPLICATION FOR ADMISSION
TO CERTIFICATE IN TECHNICAL COMMUNICATION

(January 2008 Batch)

IDENTITY CERTIFICATE

I certify that the photo
is that of

Signature
Name and address of
the Identifying Officer
(Office Seal)



(To be signed on the
Photograph)

1.	Name in full with initials (in block letters)	
2.	Expansion of initials	
3.	Sex	
4.	Age & date of birth	
5.	Place of birth with taluk, district	
6.	Religion and Caste (Specify whether you belong to SC/ST/OEC/OBC etc.)	
7.	Annual Income of Parents / Guardian	
8.	Permanent address	

(The address should contain pin code, phone numbers and e-mail ID)

9.	Address to which correspondence may be made				
10.	Name & address of local guardian				
11.	<p>Details of qualifying examination passed & marks secured</p> <p>a. Name of the examination passed with Reg. No. & Year</p> <p>b. Name of University</p> <p>c. Address of college where the candidate has studied for degree course</p> <p>d. Is it a course under the annual scheme or a semester programme ?</p> <p>e. Details of marks secured</p>				
	Title of the subjects / papers	Marks secured	Maximum marks	Register No. & Year	Pass percentage
Grand Total					
12.	Any other information you wish to add in support of your application				

DECLARATION

I, do hereby declare that
the information furnished above is true to the best of my knowledge and belief.

Place :

Signature of applicant

Date :

Countersigned by
the guardian

FOR OFFICE USE

..... a candidate for CTC Entrance Test
..... has been ranked
..... in the Merit List / Community List / Wait List
.....

She / He has been admitted to CTC Course

HON. DIRECTOR, CCMS

Date :

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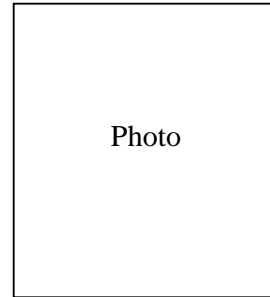
Roll No.
(to be supplied by office)

ADMIT CARD

Note : Candidates are advised to preserve this admit card till the admissions are over

Name of candidate
(Block Letters)

Full postal address of the candidate



Please get attested by signing over the photo by a Gazetted Officer

I certify that the Photo is that of

SIGNATURE OF CANDIDATE

.....

Name of attesting officer
Designation
&
Address

(FOR OFFICE USE)

Venue of Examination :
Date of Examination :
Time :

(You are provisionally admitted to the Entrance Examination subject to your eligibility to be determined in due course)

HON. DIRECTOR, CCMS