

CENTRE FOR DISABILITY STUDIES
(A Government of Kerala Undertaking)
Poojappura, Thiruvananthapuram – 695 012, Kerala.
Phone: 0471 – 2345627, Fax: 0471 2345627, Website: cdskerala.org

APPLICATION FORM FOR D-SKILL COURSE

Application No

*Affix a recently
taken
Passport size
photograph of
the
Applicant*

- 1) Name of course applied for :
- 2) Name of applicant(**BLOCK LETTERS**):
- 3) Age & Date of birth :
- 4) Permanent address :
- 5) Address for communication :
- 6) Phone No :
- 7) Name of parent/Guardian :
- 8) Religion & Caste :
- 9) Category : *SC/ST/OBC/GEN*
- 10) Type of disability :
(*Attach medical certificates*)
- 11) Distance from the place of residence
to the Institution & mode of conveyance:
- 12) Educational Qualification :
- 13) Proof of identity attached
(*Copy of SSLC Book/Passport/Voter's ID Card/Other*) :

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

Place:

Date: / /

Signature/Thump impression of Applicant

FOR OFFICE USE ONLY

Course admitted :

Date of commencement of the course: / /

*Signature
Principal/Course co-ordinator*