



CHAVARA INSTITUTE OF MANAGEMENT STUDIES

CHAVARA CULTURAL CENTRE, MONASTERY ROAD, KOCHI - 11. PH : 0484 - 2377365, 2377366, 4070255

Centres:

KOZHIKODE PH : 0495 - 2385500, 2538333. **TRIVANDRUM** PH : 0471 - 2334786, 3295606

APPLICATION FORM

Registration No.

Name of the Course

Centre

Please
affix
your
latest
photograph
here

DETAILS OF THE STUDENT

Name [in Block] _____

Father's / Guardian's Name _____ Relation with Student _____

Age _____ Date of Birth _____ Male / Female _____

ADDRESS

Present : _____ _____ Pin _____ Tel _____	Permanent : _____ _____ Pin _____ Tel _____
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Accommodation of Student : With Parent Guardian Hostel

Educational Qualification : _____ Medium _____

Occupation of Father : _____

Mother Tongue : _____

Experience (if any) _____

Hobbies and other interest : _____

FOR OFFICE USE ONLY

Date of admission : _____ / _____ / _____

Fees paid at the time of Admission : Rs. Caution Deposit : Rs.

No. and date of Demand Draft / Cheque Enclosed _____

Details of Original Certificate Submitted _____

Signature of Office Asst. _____ Principal _____ Director _____