**KERALA INSTITUTE OF TOURISM AND TRAVEL STUDIES**

**RESIDENCY COMPOUND, THYCAUD, THIRUANANTHAPURAM-695014**

**APPLICATION FORM FOR TRAINING**

Name of course

Choice of study centre

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| --- |
| THIRUVANANTHAPURAM/ERNAKULAM/THALASSERY |

 (Write legibly in block letters in English. Incomplete applications will be rejected

1. Name in full....................................................................................................................
2. Date of Birth...............................................3. Age.........................................................

4. State whether you belong to SC/ST/OBC/SEBC/GEN/Others

 5. Male Female (Put tick mark)

 6. Address for communication

 ...........................................................................................................

 ................................................................................................................

 ...........................................................................Pin.......Tel. (with code)

 Mobile No.........................................Email Id.

 7. Details of qualifying examinations passed

1. Tenth Plus Two Degree Post Graduation

DECLARATION

 I hereby solemnly and sincerely affirm that the statements made and the information furnished in the application form, submitted by me are true.

Place........................................Date.....................Signature of the Applicant.................................