**KERALA INSTITUTE OF TOURISM AND TRAVEL STUDIES**

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

**APPLICATION FORM FOR TRAINING**

Name of course

Choice of study centre

|  |
| --- |
| 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.................................