

**KERALA INSTITUTE OF TOURISM AND TRAVEL STUDIES
RESIDENCY COMPOUND, THYCAUD, THIRUVANANTHAPURAM-695014
APPLICATION FORM FOR TRAINING**

Name of course

Choice of study centre

(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

a) 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.....