

**APPLICATION FORM**



Recognised by Govt. of India and Govt. of Kerala  
P. B. No. 3070, S.R.M. Road, Lisie Junction, KOCHI - 682 018.  
Tel: 2401736 Fax : (91)484 2402527  
email : info@skiltek.in Website : www.skiltek.in

FOR OFFICE USE ONLY

Application received on :	Date of Interview:
Date of admission :	
Course to which admitted :	

Authorised Signatory

(USE ONLY CAPITAL LETTERS)

Course to which admission is sought in the order of preference

1.
2.
3.
4.

Name and address of applicant with phone No.

PIN

e-mail id

Age as on August 1st of this year  Date of Birth :

Religion :  Caste :  Sex :

Address for communication

PIN

Nearest Telegraph office

Nearest Police Station

Name, occupation, address, phone No. & Mobile No. of Father

PIN

Name, occupation, address, phone No. & Mobile No. of Mother

PIN

Name, occupation, address, phone No. & Mobile No. of local guardian

PIN

Whether hostel accommodation is required  Yes  No

\* Details of qualification(s)

Qualification	Board / University	Year of passing	Subjects	Class or Rank	% marks

Have undergone any technical course?  
If yes, details

Proficiency in extra-curricular activities

#### DECLARATION

All the above given data are true to the best of my knowledge, information and belief. I undertake that I will not be leaving this institution without completing the course to which I am admitted, if so, I shall be liable to remit the complete fees prescribed for that course in lieu of my certificates; that I shall abide by the rules and regulations of this institution and if I am dismissed for misconduct or for any other reason, I shall not be having any monetary claim and I will be liable to pay the complete fees of the course and that I shall not destroy any tool or equipment, including the furniture and building of this institution. In case of any default from my side, I shall be liable for any punishment decided by the Director/Principal. I shall not bring anybody other than my legally recognised guardian to discuss any matter in connection with my training in this institution, including dismissal, discharge, fees or any other matter.

Signature of applicant

Name and Signature of guardian

Place :

Date :

Name and Signature of local guardian

\* 3 copies of certificate(s) showing these details, attested by a gazetted officer should be submitted alongwith this application form.

#### INSTRUCTIONS TO THE APPLICANT

1. Application form shall be filled in only after reading the prospectus carefully.
2. Application form shall be filled in by the applicant himself / herself.
3. Duly filled in application form shall be sent within 10 days either by post or directly submitted to **Secretary to the Director, Skiltek Educational Institutions, S.R.M. Road, Lisie Jn., Kochi - 682 018.**