

CENTRE OF EXCELLENCE FOR DISABILITY STUDIES

(A Unit under LBS Centre for Science and Technology)

(A Government of Kerala Undertaking)

Poojappura, Thiruvananthapuram-695012, Kerala.

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APPLICATION FORM FOR D- SKILL COURSE

*Affix a recently
taken
Passport size
photograph of
the
Applicant*

Application No	
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1.Name of course applied for	
2.Name of applicant (<i>BLOCKLETTERS</i>)	
3.Age & Date of birth	
4.Permanent address	
5.Address for communication	
6.Phone No	
7.Name of Parent/Guardian	
8.Religion & Caste	
9.Category (<i>SC/ST/OBC/GEN</i>)	
10.Type of disability (<i>Attach medical certificates</i>)	
11.Distance from the place of residence to the Institution & mode of conveyance	
12.Educational Qualification	
13.D-Skill Courses attended earlier	
14.Proof of identity attached (<i>Copy of SSLC Book/Passport/Voter's ID Card/Other</i>)	

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

Place:

Date:

*Signature/Thump impression of
Applicant*

FOR OFFICE USE ONLY

Course admitted	:	
Date of commencement of the course:		<i>Signature Director in-charge/ Course Co-ordinator</i>