



Kerala Media Academy

An autonomous institution under Government of Kerala

INSTITUTE OF COMMUNICATION

Kakkanad, Cochin 682 030

APPLICATION FOR CERTIFICATE COURSE IN VIDEO EDITING

Affix

Passport Size

Photograph

1	Name (<i>in capital letters</i>)	First Name <input type="text"/> Last Name <input type="text"/>
2	Age	
3	Date of Birth	In Figure <input type="text"/> In Words <input type="text"/>
4	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/>
6	Religion	
7	Candidates belonging to Scheduled Caste/Scheduled Tribe / OEC may specify the community	
8	Name and Occupation of Father / Mother	
9	Name and Occupation of Guardian	
10	Educational qualification with details of qualifying examination	

11	Details of Additional Qualifications, if any		
12	Name of School and College attended	SSLC	
		Plus+	
		Graduation (optional)	
13	What are your areas of special interest		
14	Do you have any work experience? Are you presently employed? Give details.		
15	Address for Communication with pin code (<i>in capital letters</i>)		
16	Telephone Number with STD Code	Mob.....	Res.....
17	Email		

Declaration

I declare that the particulars given above are correct and that I shall abide by the rules of the institute. I undertake to pay the fee and other dues as and when required.

DATE

Signature of the Candidate

For Office Use Only

ADMISSION GRANTED/DENIED :

PARTICULARS OF FEE PAYMENT :

REMARKS :