



No.....

KERALA LEGISLATIVE ASSEMBLY
CENTRE FOR PARLIAMENTARY STUDIES AND TRAINING

CERTIFICATE COURSE IN PARLIAMENTARY PRACTICE AND PROCEDURE

APPLICATION FORM

Affix recent
Passport
Size colour
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(Photograph to be self attested)

1	Name (in Block Letters)	
	” (in Malayalam)	
2	Father's/Guardian's Name	
3	Age & Date of Birth	
4	Sex	Male/Female
5	Nationality	
6	Whether belongs to SC/ST	Yes/No
7	Permanent Address	PIN
8	Address for Communication	District: PIN
9	Contact Phone Mob: Landline: Email:	Std code:

10	Examinations Passed	
(a)	Qualifying Examination Passed/Awaiting results (specify)	
(b)	Additional Qualifications	
11	Whether employed at present	Yes / No
(a)	If Yes, give details Organisation: Designation: Place of duty:	
12	Whether student of Government Approved College/Institution at present	Yes / No
(a)	If Yes, give details Name of Course: Name of Institution:	

DECLARATION

I,.....do hereby declare that the information furnished above are true, correct and complete to the best of my knowledge and belief and that if at any time the particulars given above are found untrue, I agree that my registration will be cancelled without any obligation on the part of the CPST to refund the fee already paid and without prejudice to the right of the CPST to take any action it thinks fit and appropriate.

Place:

Date:

Signature:

Documents attached :

- Copy of certificate of higher secondary/equivalent examination
- Self attested copy of proof of address.
- Three copies of passport size photograph
- Copy of community certificate (for fee exemption for SC/ST students)
- Copy of identity card (for fee concession for students)