



For office use

Application No:

Date of application:

Fee paid:

KERALA LEGISLATIVE ASSEMBLY

KERALA LEGISLATIVE ASSEMBLY MEDIA & PARLIAMENTARY STUDY CENTRE
(PARLIAMENTARY STUDIES)[K-LAMPS (PS)]

CERTIFICATE COURSE IN PARLIAMENTARY PRACTICE AND PROCEDURE

APPLICATION FORM

Affix recent
passport
size colour
photo here

(Photograph to be self attested)

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