



**GROUP OF INSTITUTIONS**

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Affix Recent  
Passport Size  
Colour Photograph

Application No.

Registration No.

(office use only)

Centre (selected)

 Mavelikara  Punalur  Kayamkulam

Course Category(✓)

 UG  PG  KGCE  Diploma  COMPUTER /OTHER

Specialization

1. Name of the Applicant

2. Date of Birth

 Day  Month  Year Religion/Caste 

3. Gender

 Male  Female Nationality 

4. Category (✓)

 GEN  SC  ST  OBC Other (Specify) -----

5. Name of father

6. Address

  
  
  


7. Phone (Resi.)

8. Mobile phone No.

9. Email Address

**10. Educational Qualifications:**

Class	Stream	Board	Marks Obtained	Year of Passing
10 <sup>th</sup>				
12 <sup>th</sup>				
Diploma				
Degree				
Other				

I ..... son/daughter of ..... hereby solemnly declare that the information furnished in the statements given and the enclosures are true, correct, complete and no relevant is suppress. I further declare that if any information found to be false at a later, I shall be liable to forfeit the fee remitted and removal from the rolls of the Institute at whatever stage of study may be.

Date:

Signature of the Applicant

Signature of the Parent / Guardian