



ADDITIONAL SKILL ACQUISITION PROGRAMME

(A Joint Initiative of General and Higher Education Depts., Govt. of Kerala)

SDE CAMPUS RECRUITMENT - REGISTRATION FORM

Name of Student	
Name of Guardian	
Gender (M/F)	
Date of Birth (For eg:)	
Name of the College	
Address for Communication with Pincode	
Mobile No (Unique)	
Email Id (Unique)	
Department & Course of Study (BA/BSc/BCom/MA/MSc/MCom)	
<u>DECLARATION</u>	
I hereby declare that the above particulars are true to the best of my knowledge and belief.	
(Signature)	