UNIVERSITY OF CALICUT

DEPARTMENT OF ARABIC

CALICUT UNIVERSITY P.O.

Application form for admission to:

Please tick (✔)

1. **P.G. Diploma in Translation & Secretarial Practice in Arabic** ☐
2. **P.G. Diploma in Commerce & Management in Arabic** ☐
3. **Certificate Course in Spoken Arabic** ☐

Name of the Course Applied for: ……

1.	Name of the applicant (in full, in Block Letters)	
2.	Age & Date of Birth	
3.	Male/Female	
4.	Address to which communications are to be sent PIN	5. Permanent Home Address (in Block Letters) PIN
6.	Mobile No:	
7.	E- mail ID:	
8.	Name and address of Parent/Guardian	
9.	Annual income of the Parent/Guardian	
10.	Community (General/OBC/SC/ST) Specify	
11.	Details of Application fee remitted (Enclose Challan)	

CURRICULUM VITAE

(Self attested copies of marklists should be appended)

		School	Reg. No.	Year	Total	Marks	%
1.	**S.S.L.C**						
		Institution/University	Reg. No	Year	Subjects taken	Marks	%
2.	**Plus Two**						
3.	**Degree**						

Place:
Date:

Signature of Applicant

Signature of Parent/Guardian

FOR OFFICE USE ONLY

Registration Number	
Rank	
No. & Date of Transfer Certificate	
No. & Date of Challan	
Enrolled/Rejected	

Date:

Head of the Department