



# 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  <div style="text-align: right; border: 1px solid black; padding: 2px;">PIN <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></div>	5. Permanent Home Address (in Block Letters)  <div style="text-align: right; border: 1px solid black; padding: 2px;">PIN <input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/><input style="width: 20px;" type="text"/></div>
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.	<b>S.S.L.C</b>						
		Institution/University	Reg. No	Year	Subjects taken	Marks	%
2.	<b>Plus Two</b>						
3.	<b>Degree</b>						

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