

# APPROVED COUNSELLING CENTRE (SDE) UNIVERSITY OF CALICUT



**ZEE TECH**  
**COMPUTERS &**  
**ARTS AND SCIENCE COLLEGE**  
KARANTHUR., PH: 0495-2800617

Photo

## APPLICATION FORM

1. Name of Applicant (in Block letters)										
2. Name of Parent / Guardian										
3. Phone No. Resi., Mob: (Parent)										
4. Relationship to Applicant										
5. Occupation of Parent										
6. Address for communication (in Block letters)										
7. Place of Residence										
8. Sex	Male			Female						
9. Religion & Caste										
10. Date of Birth	Day	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Month	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	Year	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
11. Blood Group	O <sup>+</sup> ve	O <sup>-</sup> ve	A <sup>+</sup> ve	A <sup>-</sup> ve	B <sup>+</sup> ve	B <sup>-</sup> ve	AB <sup>+</sup> ve	AB <sup>-</sup> ve		
12. Course applied for										
13. Second Language										
14. Educational Qualification										
15. Sports, Arts, Literature	School / College	District / Revenue District				State				
16. Marks OR grade	Subject									
	<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"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

I.....assure that I will abide by all rules and regulations of the Institute.

Signature of Parent or Guardian Signature of Applicant:

Place: Principal

Date: Office seal