**APPLICATION FORM FOR WELDING COURSE**

 **JUBILEE MEMORIAL PRIVATE I.T.I.**

 **FORT KOCHI ,VELI, KOCHI-682001.**

 **Phone Number-0484-2220446,9995170753.**

 **1. Name of Candidate :**

 **2. Permanent Address :**

 **3. Phone Number (Guardian) :**

 **4. Date of Birth & Age :**

 **5. Name of parent / Guardian :**

 **6. Religion &Caste :**

 **7. Education Qualification :**

 **DECLARATION**

**I ………………………………………… do hereby certify that the details furnished above by me are to the best of my knowledge and belief. Also I promise that I shall never do anything by word of mouth ,action, instigation and inducement to indure the name and prestige of the institute or damages its properties ,under any provocation whatsoever.**

**Place:**

**Date : Name & Signature of the Applicant**