**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**