

Receipt No.....

Amount Rs.....

Date of Payment.....



श्रीशङ्कराचार्य सस्कृत सर्वकलाशाला कालटी

SREE SANKARACHARYA UNIVERSITY OF SANSKRIT, KALADY

FORM OF APPLICATION FOR REGISTRATION AS A MATRICULATE

1.	(a) Name (as entered in the S.S.L.C or other qualifying certificate if any) (b) Name in block letters with initials expanded (c) Contact Telephone No.	
2.	Name of Father or Guardian	
3.	Age and date of birth as entered in the S.S.L.C or equivalent certificate (in Christian Era)	
4.	Religion and Community	
5.	Mother tongue	
6.	a) School where educated b) Register Number and year of S.S.L.C or Equivalent Examination and issuing authority c) Reg.No. and year of qualifying examination (Specify the name of Examination) and issuing authority	
7.	College or other Institution in which the applicant last studied and the Month & Year of Examination last appeared (Specify the Name of Examination)	
8.	Programme for which he/she is studying in this University (Specify subject)	
9.	Centre in which he/she is studying and date of admission	
10.	Signature of the applicant	
11.	The above details have been verified with the original documents and found correct*	Signature: Designation:

Receipt for the prescribed fee of Rs. 50/- should be sent with this application.

A fine of Rs. 5 shall be received for late applications.

*** This column should be countersigned by the Head of the Centre.**