



# MAHATMA GANDHI UNIVERSITY

## CIVIL SERVICE INSTITUTE

PRIYADARSHINI HILLS P.O, ATHIRAMPUZHA, KOTTAYAM, KERALA – 686560  
Phone: 9188374553



### COACHING PROGRAMME FOR CIVIL SERVICES PRELIMINARY EXAMINATION

#### APPLICATION FORM

Affix  
Passport  
size  
photograph

Register No.:			
Programme selected			
a	Foundation Programme	:	<input type="checkbox"/>
c	Evening programme	:	<input type="checkbox"/>
1.	Name of Candidate (in Capital Letters)	:	
2.	Gender	:	Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/>
3.	Age & Date of Birth	:	
4.	Religion & Caste	:	
5.	Whether belonging to SC/ST/OBC/OEC/EWS/GENERAL	:	
6.	Whether candidate is employed. If yes, give details	:	
7.	Permanent Address with Pin Code	:	
8.	Address for Communication with Pin code	:	
9.	Phone no. with STD Code	:	Res : <input type="text"/> Mobile : <input type="text"/> E-mail : <input type="text"/>

10.	Name of Parents	:	Father : Mother :	Occupation: Occupation:
11.	Name of Guardian; Specify Relation	:	Contact No.:	Occupation:
12.	Annual Income of family	:	APL <input type="checkbox"/> BPL <input type="checkbox"/>	
13.	Qualification (Mention whether student or Not)	:		
14.	Name of University/Board and Year of passing Degree if any	:		
15.	Percentage of Marks/Grade	:		
16.	Whether appeared for Civil Service Examination earlier Prelims/Mains. If yes, furnish details	:		
17.	Details of the Course and College where the applicant is undergoing his/her studies	:		

**Declaration**

I hereby declare that whatever stated above are true to the best of my knowledge and I further undertake that I will obey the rules and regulations of Mahatma Gandhi University , Kottayam during the period of my programme.

Name:

Date:

Signature of Candidate

**For Office Use Only**

Admitted/Not Admitted

Fee paid Rs:

Receipt No. & Date:

Director