

Certificate Course: JULY 2022-23

APPLICATION FORM

		FOR	OFFICE USE ONLY
Course: (Choose Any One)		Date of Registration:	
\square Spoken Sanskrit \square Communicative Engli	sh □ Yoga □ Travel & Tourism		
	Personal Information		
Full Name:			
Mother's Name:			
Father's Name:		-	
Tuener Straines		-	Affix a recent passport size photograph
Date of Birth (Attach D D M M Y Y	Y Y Y		(colour)
Documents): Gender: □ Female □ Male □ Other			
Citizenship:		_	
	Contact Information		
Address for Correspondence:	0 01.000 11.001		
Email ID*:			
House No./Apartment:	P.O. :		
P.S	District :		
PIN	Country:		
Phone No.:			
Permanent Address:			
House No./Apartment:	P.O. :		
P.S	District :		
PIN	Country:		
Phone No.:	Country.		

Academic Information

Educational Qualification (at the time of admission): \Box Intermed	diate \square Graduate \square Post Graduate Percentage
of Marks in Intermediate/Equivalent Examination (Attach Certif	icates):
Have you been admitted to this course earlier? \square Yes \square No	
If yes, furnish the details: Year Name of	of Institution:
Professional Background: \Box Student \Box Government Sector \Box Professional Background:	rivate Sector □NGO □Self-Employed □None
How did you get to know about the course?	
\square Social Media \square Friends/Relatives \square Poster \square Internet \square Oth	er
Declar	ation
☐ I have gone through the instructions related to admission and have in programme of my choice at Khatra Adibasi Mahavidyalaya under information furnished while filling up the Application Form is true found to be incorrect or wrong, my candidature/admission in this cancelled.	er Bankura University and I fulfil these. I also declare that the and authentic. If at any stage the details provided by me are
Note: Incomplete application forms will not stand any scrutiny.	
Place:	Signature:
Date:	Name:
Instructions	

Instructions:

- 1. For course details visit https://kamv.ac.in/certificate course.php
- 2. Last date for submission of Application Form: 25 July 2022
- 3. Submit the Application to College Office.
- 4. For queries, contact to coordinator of that course as mentioned bellow:

Sl No	Name of the Certificate Course	Name of the Coordinator	Mobile No	Email
1.	Certificate Course in Spoken Sanskrit	Dr. Amiya Kumar Satpati	9007019281	sans.amiya@kamv.ac.in
2.	Certificate Course in Communicative English and Personaloity Development	Dr. Ujjwal Biswas	9564621776	engl.ujjwal@kamv.ac.in
3.	Certificate Course in Yoga	Tithi Roy	8337821868	phed.tithi@kamv.ac.in
4.	Certificate Course in Travel & Tourism	Saiful Ansari	9153522409	pols.saiful@kamv.ac.in