

APPLICATION FOR ADMISSION TO THE TEACHER TRAINING CERTIFICATE COURSE  
20..... 20.....



# GUARDS TEACHER TRAINING INSTITUTE

(Run under the Garrison Urban and Rural Development Society, Nemmeni (P.O.), Kollengode, Palakkad, Pin: 678506)  
KUZHALMANNAM P.O., PALAKKAD-678702

1. Name in full of the applicant :  
(in Block Letters)
2. Permanent Address with pin :
3. Phone No. Lan line :  
Mobile No. :
4. Age & Date of Birth :
5. Sex :
6. If the applicant belongs to other Backward :  
Class, : Scheduled Caste or Scheduled Tribe,  
State the Community and sub division, if any  
(Attested copy of relevant pages of SSLC  
to prove Community to be attached)
7. Applicant's mother tongue :
8. Qualification: PDC / Higher Secondary :  
(a) Name of qualifying Examination :  
(b) Register No. and year of passing :  
(c) No. of Chances taken for passing the :  
qualifying examination
9. Additional qualification :
10. Marks obtained in pre-degree/Higher Secondary :
- \*1. Equivalent Exam. :

Sl. No.	Subject	Marks Secured in words	Maximum Marks
	<b>Total</b>		

12. Total percentage of marks :

### DECLARATION

I hereby declare that the statement furnished above are true and are bonafide as can be proved by proper records in my possession. I also declare that I have not taken more than three chances to pass the qualifying examination for admission to the course. I also declare that I have not applied to any other district for the course during this year.

Place:

Date:

Signature of Applicant