



Institute of Management in Kerala

University of Kerala

Trivandrum 695034

APPLICATION FORM

- MBA PROGRAMME 2010-2012
 MBA PROGRAMME (TOURISM) 2010-2012

Serial No:

(Office use only)

Fee Remitted Particulars

Pay in Slip /DD No:
Amount Rs:.....
Date:.....

Register No:

(Office use only)

1. Name In Full : _____

2. Date Of Birth: _____ 3. Age : _____

4. Nationality : _____ 5. Place of Birth: _____

6. Community: _____ 7. Religion: _____

7. State whether you belong to SC/ST : Yes No

8(a). Are you eligible for reservation under the following category as per the GO (MS) No.108/2008 /H.Edn ,Dated 20.09.2008

Ezhava Muslim LC/SIUC OBC (Christian) OBC (Hindu)

(b). Physically Handicapped Sports Quota (PARTICIPATED NATIONAL/STATE/UNIVERSITY DURING THE DEGREE COURSE)
 BPL (Forward Community Only)

9. Address for Communication: _____

Pin: _____ Phone: _____

Mobile: _____ E-Mail: _____

10. Permanent Address : _____

Pin: _____ Phone: _____

Mobile: _____



Affix a Stamp Size Photo

11. Name and occupation of Parent/Guardian : _____

12. Details of qualification examination passed:

A:Degree:_____ B: Branch/Subject:_____

C:University :_____

D:Month & Year of Passing:_____

E:Division/Class:_____ F:Percentage of Marks in Aggregate_____

13. Details of marks secured in qualifying examination (specify the subject /Specialization also)

Qualifying Examination	Parts of Examination		Max.Marks	Marks Secured	% Of Marks
	BA/BSc/ B.Com	Semester Courses			
	Part I	Sem1			
	Part II	Sem2			
	Part III	Sem3			
	Sem4			
		Sem5			
		Sem6			
		Sem7			
		Sem8			
	Grand Total				

14. Details of work experience, if any (Teaching, Research, Industrial Etc.)

Organization	Designation & Nature of work	Period

Declaration

I hereby solemnly and sincerely affirm that the statements made and the information furnished in the application form submitted by me, are true.

Place: _____

Date: ____/____/2010

Signature of Applicant

CHOICE OF ENTRANCE EXAMINATION CENTRE

(PLEASE PUT ONLY ONE X MARK AGAINST YOUR CHOICE)

Note: The University got the right to cancel any center if there is no sufficient candidates

NO:	CENTRE	CHOICE	NO:	CENTRE	CHOICE
1	THIRUVANANTHAPURAM		4	KOLLAM	
2	ALAPPUZHA		5	ADOOR	
3	TRICHUR		6	KANNUR	

Institute of Management in Kerala

University of Kerala

Senate House Campus, Palayam

Thiruvananthapuram -695034

Phone: 0471-2301145

KUCAT 2010

HALL TICKET



Affix a Stamp Size
Photo

NAME OF THE CANDIDATE	
REGISTER NUMBER *	
DATE OF ENTRANCE EXAMINATION *	
REPORTING TIME *	
EXAMINATION CENTRE *	

(* For Office Use Only)

Signature of the Candidate:.....

INSTRUCTIONS TO CANDIDATES

1. Please report at the examination centre 30 minutes before the commencement of examination.
2. Hall tickets should be submitted to the Test Administrator for verification.
3. Candidates are requested to use only Black Ball point pen for the test.
4. Notes, Calculators, Cell Phones and other electronic devices are not permitted in the examination Hall.
5. Malpractices of any sort are not permissible.
6. For clarification/queries please feel free to contact us through Phone No: 0471-2301145.