

**UNIVERSITY OF CALICUT**  
**SCHOOL OF DISTANCE EDUCATION**

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**APPLICATION FOR PARTICIPATION IN THE AWARENESS PROGRAMME FOR THE  
TEACHERS OF CO-OPERATIVE/PARALLEL COLLEGES**

1	Name of the Applicant	
2	Address for communication	
3	Date of Birth & Age	
4	Mobile Number	
5	E-mail	
6	Educational Qualifications	
7	Name of the Institution in which the applicant is working	
8	Subject(s) taught	
9	Experience (in years)	
10	Details of research /publication (if any)	
11	Any other relevant information	

Declaration :

I.....hereby declare that, the information given above are true to the best of my knowledge.

Place:

Signature with date :

Date :

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For Office Use Only