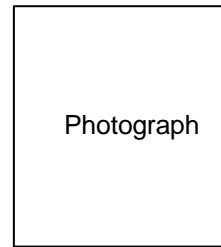


SERIAL NO:



**DR. R. SATHEESH CENTRE FOR REMOTE SENSING AND GIS  
SCHOOL OF ENVIRONMENTAL SCIENCES  
MAHATMA GANDHI UNIVERSITY  
P.D Hills P. O., KOTTAYAM – 686 560, KERALA, INDIA**



Training Partner

**APPLICATION FOR ADMISSION TO DRONE DATA PROCESSING  
CERTIFICATE PROGRAMME**

1. Name of the Course			
2. Name of the candidate (in block letters)			
3. Expansion of initials			
4. Age and Date of birth	Nationality:		
5. Place of birth	Taluk	District	State
6. Permanent Home Address with Telephone No.			
7. Address to which communication should be sent  Telephone No.  E-mail.			
8. Name and Address of parent or guardian (State relationship)			
9. Name and Address of the local guardian, if any			

10. Academic Qualification:					
<b>Statement of Marks Secured in the Qualifying</b> (Attach copies of the Mark lists/Certificates)			<b>Examination</b>		
Name of Examination Passed and Name of University	Subject	Marks Secured	Maximum Marks	Percentage of marks secured	Year of passing and Reg. No.
11. Additional Qualifications / Experience : (Attach necessary certificates)					
12. Whether sponsored? (Yes/No)					
13. If Yes, Occupation / Designation  Name and Address of the Sponsor/ Employer with Telephone No.					
14. Passport Number (if you have)					
15. Details of DD/Cash for Registration Fee		DD no./Cash	Date	Amount	SBT Branch

**DECLARATION**

I ..... do hereby declare that the statements made in the application are true and the documents attached herewith are the copies of the original in my possession, which will be produced for verification when required. I have read through the details of the course and I accept the terms and conditions mentioned therein.

Place:

Date:

**Signature of the applicant**

**Countersigned by Parent / Guardian**

**For Office Use Only**

Remarks :

*Details of DD for prior registration*

Date of Admission :

Amount:

No. & Date:

Admission Number :