

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

Photograph



Training Partner

APPLICATION FOR ADMISSION TO AERIAL MAPPING & DATA PROCESSING (RGB, Photogrammetry & LiDAR)

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.			
8.	E-mail. Name and Address of parent or guardian (State relationship)			

9. Name and Address of if any	of the local guardian,						
10. Academic Qualification	ons:						
Statement of Marks Secu	red in the Qualifying	(Attach conies		Examination			
Statement of Marks Secured in the Qualifying (Attach copies of the Mark lists/Certificates) Examination							
Name of Examination Passed and Name of University	Subject	Marks Secured	Maximum Marks	Percentag of mark secured	s passing		
11. Additional Qualifications / Experience: (Attach necessary certificates)							
necessary contained.							
12. Whether sponsored?							
13. I f Yes, Occupation /	Designation						
Name and Address of Employer with Telep							
14. Passport Number (if							
15. Aadhaar Number							
16. Details of Transaction	Transaction ID	Date	Amount	Mode of Payment			
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:

Countersigned by Parent / Guardian

For Office Use Only

Remarks : Details of DD for prior registration

Date of Admission : Amount: No. & Date:

Admission Number :