

**GOODNESS INSTITUTE OF FILM & TELEVISION (GiFT cochin)**  
C DIT & SIDCO (Under Government of Kerala) APPROVED CENTRE, COCHIN

APPLICATION FORM

Name of the Course:

Name:

Age & DOB:

Sex (M/F):

Educational Qualification:

Religion & Caste:

Personal Address:

Pin:

Tel:

Mob:

Email:

Name & Address of Father/Guardian:

Pin:

Occupation of Father/Guardian:

*DECLARATION*

I hereby declare that all the statements furnished above are true. I also declare that I shall strictly follow the rules and regulations of the institute and shall try my best to keep the good name and moral of the institute. If anything contrary to these happen from my part, I promise to be subjected to any disciplinary action including the termination of my course and dismissal from the institute. I also declare that I shall fully compensate for any material damage in the institute from my part.

Date:

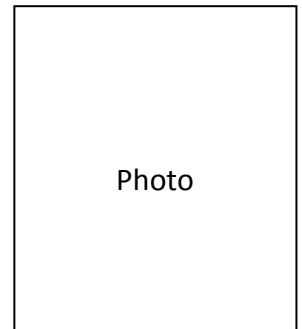
Signature of the Applicant:

*DECLARATION BY PARENT/GUARDIAN*

I hereby declare that I shall be responsible for all the activities of my son/daughter/ward/sponsored applicant in the institute and I also agree to abide by the rules and regulations of the institute.

Date:

Signature of the Guardian:



Media Background if any:

Status: Student/Employee

Organization/Institution Address

Area of Interest: Film/Television/Radio

Special Interest:

How did you know about GiFT cochin ?

- Friends & Relatives
- Newspapers
- Students of GiFT cochin
- Magazines
- Internet
- Display Boards
- Any Other

Any Comments:

Date:

Name:

Place:

Signature:

**OFFICE USE ONLY**

Admission ID:

Recommended by:

Remarks

Approved:

Director