Application No.	

Affix

	Dr. M	OOPENS A	CADE	MY	Passport Size Photo	
APPLICATION FORM ON WINS						
For a	admission to			CO	urse	
1.	Name (as in SSLC)	:				
2.	Residential address	3. Phone	Res Mob			
		4. Age	Date of	birth		
5.	E-mail ID :					
6.	Gender Marita	l status N	lationality			
7. Name & address of the guardian :						
Relationship of the applicant with the guardian :						
Occupation of the guardian : 8. Educational qualifications :-						
SI.No	PDC /+2 / Diploma /	Institution	Period of study	% of marks obtained	Board/University	

<u>DECLARATION BY THE APPLICANT</u>					
ulars furnished I that I will be					
n the event of completion of					
along with the					
n the event					







Naseera Nagar, Meppadi P.O, Wayanad - 673577, Email: co@dmwims.com, www.dmwims.com

