

 <p><b>Kochi Kshatriya Samajam</b> मा विद्मिषावहे ESTD-1912</p>	<p align="center"><b>KOCHI KSHATRIYA SAMAJAM</b> (Reg No: ER746/1988) XXXVIII / 95, Thamaramkulangara Road, Tripunithura – 682301 Email: tpn.kks1932@gmail.com</p>	<p align="center">FORM: KKS/EDU/02</p>
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**APPLICATION FOR EDUCATIONAL ENDOWMENT**  
**(For other Kshatriya Sabha Members)**

Name of the Kshatriya Sabha							
Name of the Applicant							
Age		Date of Birth	/	/	Gender	Male	Female
Course / Class				Educational Institution			
Father's Name							
Mother's Name							
<u>Permanent Address</u>				<u>Present Address</u>			
Name & Signature of the Applicant's Sabha President / Secretary with seal.					Seal		
Name:							
Sign:							
Designation:							

Date:

Place:

**Note:** Form should be submitted directly by the 'OTHER' Kshatriya Sabha Member along with a duly attested photocopy of mark list and a passport size photograph of the applicant. Kochi Kshatriya Samajam has the right to reject the application without showing any reason.

For Kochi Kshatriya Samajam Office Use:

Application form Accepted / Rejected.

Reason for Rejection if any:

For Kochi Kshatriya Samajam

Secretary

President