

 <p>Kochi Kshatriya Samajam मा विद्मिषावहे ESTD-1912</p>	<p align="center">KOCHI KSHATRIYA SAMAJAM (Reg No: ER746/1988) XXXVIII / 95, Thamaramkulangara Road, Tripunithura – 682301 Email: tpn.kks1932@gmail.com</p>	<p align="center">FORM: KKS/EDU/01</p>
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APPLICATION FOR EDUCATIONAL ENDOWMENT

Name of the Educational Endowment							
Name of the Applicant							
Age		Date of Birth	/	/	Gender	Male	Female
Course / Class				Educational Institution			
Father's Name					Membership No.		
Mother's Name					Membership No.		
<u>Permanent Address</u>				<u>Present Address</u>			
Name & Signature of the Samajam Member							

Date:

Place:

Note: Form should be submitted directly by the member of Kochi Kshatriya Samajam along with a photocopy of the mark list and a passport size photograph of the applicant. Kochi Kshatriya Samajam has the right to reject the application without showing any reasons.

For Office Use:

Application form Accepted / Rejected.

Reason for Rejection if any:

For Kochi Kshatriya Samajam

Secretary

President