



KANNADA ONLINE  
( E - P r o s p e c t u s )

CENTRAL INSTITUTE OF INDIAN LANGUAGES, MYSORE-6, INDIA

## Registration Form

Note: Items marked with asterisk (\*) are mandatory

|   |                                                    |   |                                                                                                                                                                                                                                                                                                                                                 |
|---|----------------------------------------------------|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|   | Courtesy Title (Please TICK)                       | : | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.                                                                                                                                                              |
| * | First Name                                         | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Middle Name                                        | : | _____                                                                                                                                                                                                                                                                                                                                           |
| * | Last Name                                          | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Gender (Please TICK)                               | : | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                   |
| * | Date of Birth (DD/MM/YYYY Format)                  | : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                               |
| * | Educational qualification                          | : | _____                                                                                                                                                                                                                                                                                                                                           |
| * | Email ID                                           | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Address Line 1                                     | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Address Line 2                                     | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | City / Town / Village                              | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | State / Province                                   | : | _____                                                                                                                                                                                                                                                                                                                                           |
| * | Country / Nationality                              | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Pin / Zip Code                                     | : | _____                                                                                                                                                                                                                                                                                                                                           |
|   | Telephone                                          | : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   | Mobile                                             | : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|   | Extn., if any                                      | : | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                        |
| * | If you are a student                               | : | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                        |
|   | If Yes,                                            |   |                                                                                                                                                                                                                                                                                                                                                 |
|   | University/College/Institutional Affiliation :     |   |                                                                                                                                                                                                                                                                                                                                                 |
|   | Current Year of study ( Year and Semester, etc.) : |   |                                                                                                                                                                                                                                                                                                                                                 |
|   | If No,                                             |   |                                                                                                                                                                                                                                                                                                                                                 |
|   | Company / Institution of employment :              |   |                                                                                                                                                                                                                                                                                                                                                 |
|   | Job Title/ Designation / Status :                  |   |                                                                                                                                                                                                                                                                                                                                                 |

