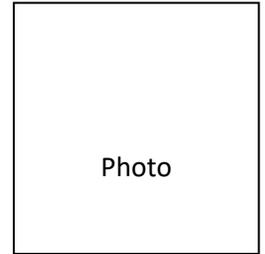


**MARY MATHA ARTS AND SCIENCE COLLEGE, MANATHAVADY, VEMOM P O,  
WAYNAD 670645  
DEPARTMENT OF ZOOLOGY  
(In Association with IQAC)  
CERTIFICATE COURSE IN APICULTURE  
APPLICATION FORM FOR REGISTRATION**

- 1. Name of the Candidate:**
- 2. Gender:**
- 3. Educational Qualification:**
- 4. Address:**
  
- 5. Phone No. and Email**
- 6. Reason for Joining the course:**



**Place:**

**Signature of the Candidate**

**Date:**

**For Office Use**

**Mr/ Ms..... selected  
as a candidate for the Certificate Course in Apiculture.**

**Place:**

**Date:**

**Signature  
Course Co-ordinator**