



## Shalom Institute of Media Science

Peruvannamoozhi P.O., Kozhikode Dt., Kerala. Pin: 673 528, Phone: 0496-2663600, 2663645  
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# DIPLOMA IN AUDIO ENGINEERING COURSE APPLICATION FORM

(Use capital letters with black ink only)

**Enrolment Number**  
 (to be allotted by SIMS)

### Personal Data

Name of the Applicant (as in the SSLC Book)

Father's Name

Age

Date of Birth

Sex

Male

Female

Affix your  
 passport size  
 recent photograph  
 (3.5 cm × 4.5 cm)

DO NOT STAPLE

### Address

Permanent Address

Pin:

Mailing Address (Valid till 31-04-2010)

Pin:

### Contact Details

Mobile :

Phone (Res.)

Email :

## Qualifications

### Educational Qualifications

(Beginning with the most recent degree/diploma earned and going backwards upto high school in chronological order-list only formally recognized courses) (Please attach an additional sheet, if required).

SL No.	Year		Degree/Certificate	Institution	University	Major Subject	% of Marks/Grades	Class/Division
	From	To						

### Professional Qualifications

Programme Title	Degree / Diploma	Organized By	Performance

### Work Experience

(in chronological order beginning with the most recent one and going backwards. *Use additional sheet if required*).

Dates		Organization	Designation	Responsibility
From	To			

### Extra-Curricular Activities/Hobbies

(Extra Curricular/Community/Cultural Activities/Sports & Games. Indicate position or office held, if any)

Activity	Position / Role	Year		Honours, if any	Remarks
		From	To		

**(Photo copies of certificates are not required with application)**

**Aims**

What do you expect to achieve through attending this course?

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**Declaration by Applicant**

I hereby declare that I have read and understood the conditions of eligibility for the programme for which I seek admission. I fulfill the minimum eligibility criteria and have provided necessary information in this regard. In the event of any information being found incorrect or misleading, my candidature shall be liable to cancellation by the Institute at any time and I shall not be entitled to claim the refund of any fee paid by me to the Institute. Further, I have carefully studied the rules of the Institute pertaining to the programme as prescribed in the Prospectus and I accept them and shall not raise any dispute in future over the same rules.

Place \_\_\_\_\_

Signature of Applicant

Date \_\_\_\_\_

Name & Signature of Parent / Guardian

**For Office Use only**

Date of Application Recieved

Date of Interview

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Details of Admission

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**Enrolment Number**

Remarks

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[www.shalomtv.tv](http://www.shalomtv.tv)



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