



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"/>
* 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"/> <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"/> <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	:	





MODE OF PAYMENT

Within India	: Rs. 500.00
Other countries	: US \$ 50.00

If you are paying by Demand Draft(DD), it should be drawn in favour of "**The Director, CIIL**" payable at **Mysore, India** and the same should be sent to the address given below with the particulars filled in here:

- * Bank Drawn (with the branch name) :
- * DD. No. :
- * Date on the DD :
- * Amount (showing the currency) :

CENTRAL INSTITUTE OF INDIAN LANGUAGES
Manasagangotri,
Mysore -570 006
INDIA.

NOTE :

1. Please remember to add your Name, E-Mail and Address at the reverse side of the Demand Draft, otherwise
2. You will be allotted a provisional registration number and a password to return to this page as soon as your request is received (by post or online). Your admission will be confirmed and communicated as soon as your payment is released/received.
3. In order to pay by credit card, please visit www.kannada-online.info and click on the **<REGISTER.>** Button to enable a secured credit/debit card payment option, support world-class encryption technologies.
4. You can also register online but send payment by DD. In such cases, subject to realization of the DD, provisional registration number will be allotted.

