

To,
The Hon. Secretary,
Kodava Samaja
Vasanthanagar,
Bangalore-52
Ph: 22260188 / 22351088

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01	Name of the Applicant Mr./Ms/Mrs.	
02	Family Name	
03	Parents Name with family name Father Mother (with Thamane name)	
04	Guardian name with family name (if applicable)	
05	Age and Date of Birth	
06	Address: (Kodagu)	
	Address for Communication	
07	Whether Parents are Members of Kodava Samaja, Bangalore. If yes, furnish Membership No	Father : Mother : Self :
08	Telephone No (Res) Mobile E mail Id	

P.T.O.

09. Occupation of the Parents :
:

10. Other relevant information, if any :

We declare that the information furnished above are true and correct.

Place:

Date:

Signature of Parent

Signature of the Applicant

Note:-

1. Honouring is strictly based on the marks scored. Eligible percentage will be considered for the honouring as per notification.
2. Correctly filled in application along with relevant documents should reach to this office either by hand or by post on or before **22nd Aug 2022** as notified.
3. Late application will not be entertained.
4. Family name of Father & Mother (Thamane Name) should be mentioned
5. Incomplete applications will not be considered.