



KALARI KENDRAM ASHRAMAM

Narinada, Koorachund, Kozhikode, Kerala – 673528

APPLICATION FORM FOR RESIDENTIAL TRAINING PROGRAM

FOR THE MONTH OF JUNE 2025

Dear Applicant,

Thank you very much for your interest to **Kalaripayattu residential program in Kerala**. As you prepare to apply for the Residential program of KALARI KENDRAM, it is requested to keep in mind the following:-

1. **Please read the instructions carefully before filling out the form.** Also, review the financial terms and conditions.
2. The completed and signed application form (typed or handwritten) along with attachments must be emailed as a PDF document to: **Email:** kalarikendramofficial@gmail.com
3. Your application will be processed **only after verification and approval** by the faculty of Kalari Kendram.
4. Admission to **Kendram Ashramam** is subject to seat availability and the course you choose.
5. **No changes** will be permitted in the course or discipline once admission is accepted for a particular month.

INSTRUCTIONS FOR FILLING THE APPLICATION FORM

1. **All entries** (except signature) must be **typed or handwritten in BLOCK LETTERS (CAPITALS)**.
2. The form must be **complete in all respects**, with all required information and supporting documents (listed below).
3. A **recent passport-size photograph** (taken not earlier than a year before the date of the application) in the designated space. **Write your name on the photo** for identification.

APPLICATION FORM

1. Full Name (IN BLOCK LETTERS)

(Mr./Mrs./Miss) _____

2. Gender

Male () Female ()

3. Contact Details

i. **Mobile No.:** _____

ii. **Email:** _____

iii. **Postal Address:** _____

iv. **Emergency Contact No.:** _____ **Relation:** _____

4. Permanent Home Address (IN BLOCK LETTERS)

5. Date of Birth: _____ **Nationality:** _____

6. Country of Residence: _____

7. Passport Details (Fill only if you hold a non-Indian passport)

Passport No.: _____

Date of Issue: _____ **Date of Expiry:** _____

Place of Issue: _____

8. Details of Father/Guardian

Relation (F/G): _____

Occupation: _____

Nationality: _____

Address of Permanent Residence:

9. Language Proficiency (Mark ✓ in appropriate box)

English Good Fair Poor

Hindi Good Fair Poor

Malayalam Good Fair Poor

10. Previous EDUCATIONAL QUALIFICATIONS (Fill in all columns which are applicable to you):

Certificate/Degree	Country	Name Of School/University/Board	Year of Graduation	Percentage
School Leaving (Equivalent to Grade XII in India)				
Undergraduate (3-year course after Grade XII)				
Postgraduate (2-year Master's after Undergraduate or 5-year integrated after Grade XII)				
Any other				

11. Details of close relative(s) or friends, if any, in India. (only for international candidates)

I. Name _____

II. Relationship _____

III. Status/Designation _____

IV. Address _____

V. Tel No. _____

VI. Tel No. _____

12. Previous Participation in Kalari Kendram Residential Program

Yes (If yes, provide details below)

No

I. Year & Month of Visit

II. Total Duration of Stay (in days)

III. Course Attended (e.g., Foundation, Advanced, Mastery)

13. Previous Participation in Kalaripayattu training

Yes (If yes, provide details below)

No

Name of Gurukkal: _____

Name of Gurukulam: _____

Training Period:

• **Date:** _____

• **Place:** _____

Declaration & Signature

I hereby declare that the particulars given above are true to the best of my knowledge and belief. I have understood the terms and conditions of the Residential Program scheme and hereby undertake to abide by them

Signature of Applicant: _____

Date: _____

Place: _____.

ANNEXURE-I

CERTIFICATE OF PHYSICAL FITNESS

(To be filled by a Registered Medical Practitioner in the applicant's country of domicile)

Personal Details

1. **Name of Applicant:** _____
2. **Sex:** M / F
3. **Marital Status:** _____
4. **Age:** _____
5. **Nationality:** _____
6. **Blood Group:** _____
7. **Address:** _____
 - **City:** _____
 - **Country:** _____
 - **Telephone No.:** _____
 - **Email Address:** _____

I. Medical History

(Please provide details of any past medical condition that may adversely impact the patient's health currently or in the near future.)

A. History of Any Known Illness/Surgery:

- **Raised BP:** Yes / No
 - If yes, on regular treatment: Yes / No
- **Diabetes (DM):** Yes / No
 - If yes, on regular treatment: Yes / No

- **IND (If applicable):** Yes / No
 - If yes, on regular treatment: Yes / No
- **Stroke:** Yes / No
 - If yes, on regular treatment: Yes / No
- **Kidney Disease:** Yes / No
- **Any Known Allergy:** Yes / No
 - If yes, is the patient on any medication/precautions?

II. Physical Examination

- **Height:** _____ cm/ft
- **Weight:** _____ kg/lbs
- **Remarks (if any):** _____

Summary

1. I believe this applicant **IS / IS NOT** physically able to carry on a full course of study, involving long hours of work, in a college or university in India.
2. In my opinion, the applicant's health and physical condition in general are:
 - Excellent
 - Good
 - Poor
3. I certify that the applicant is up-to-date on routine vaccinations, including (among others):
 - MMR, DPT, Varicella, Hepatitis A & B, etc.
4. He/She has no physical condition/ailment that would hinder him/her from pursuing a full course.
5. He/She presents no evidence of any communicable disease or chronic fatigue.

6. He/She does not have any chronic medical condition requiring regular and sustained medical treatment.

(If answers to 4, 5, and 6 are positive, provide details in the Remarks section below.)

Remarks

Date: _____

Signature: _____

Name & Address of Medical Practitioner: _____

Notes:

- Ensure all sections are filled accurately.
- If any condition is marked "Yes," provide details in the Remarks section.
- The medical practitioner must sign and stamp the certificate for validity.

Choose your Plan below:

TICK MARK the selected plan	
7 days	
14 days	
21 days	
30 days	

Please note that the fee will only be collected after the application form has been thoroughly reviewed and approved by the Ashramam authorities. Selected candidates will be contacted via email or phone. Only after this communication should the payment be made to complete the registration process.

