APPENDIX-32



GOVERNMENT OF KERALA

DIRECTORATE OF HIGHER SECONDARY EDUCATION

FIRST/SECOND YEAR HIGHER SECONDARY /ART HIGHER SECONDARY EXAMINATION MARCH/SAY/IMPROVEMENT 20....

APPLICATION FORM

1. Centre Name:					2. Centre Code:					
3. Group of Examination (Tick for the correct)					Science	Humani	ties	Commerce	Technica	al Art
4. Type of study	School going			Oper	pen school Compart		oartme	ental	Old Scheme	
5. Admission/ ope	en school reg	istratic	on * No.	No		6. Ye	ar of	Admission		
7. Details of last supplementar			Examinatio	п Арреа	red (For	Register N	lo	Year		Month
8. Register No, N	Month and Ye	ar of p	passing SSI	LC			15	<i>N</i> .		
(Block letters as in SSLC)			English							
			Malayalam							
10. Sex Mal	le Femal	Female		11. Religion		12. Caste			Affix a recently taken passport size photo (attested by the School Principal)	
13. Whether belongs to	SC	C ST		OBC		OEC O		A 23		
14. Date of Birth **	In figures		A							
In words										
Subjects appear	aring now (S	pecify	the subjec	its)						
Part I				.	Part –	II ***				
Part III Subjects					Tick the			d, if the candi bject/s in Tan		
1						Tamil	Kannada			
2					Tamil Kannada		la			
3						Tamil	Kannada			
1								Tamil	Kannac	la

	16. 1	Details of previous ap	pearance (Class XII) ****		
	Register number	Month &Year	Subjects	Eligible/not eligible for Higher studies	Grade/Scores obtained
Part I					
Part II					
PartIII 1.					
2.					
3.					
4.					<u> </u>

^{*}Attach copy of open school registration memo

*** Specify language/subjects

**** All the previous register numbers must be noted. Attach copies of all previous score/mark sheets

17. Details of Examination fee Remitted

	Date of remittance	If remitt	If remitted in School Office	
		Chalan No&Date	Name of Treasury	Receipt No.& Date
Examination Fee Rs.			100000000000000000000000000000000000000	
Certificate Fee Rs.				

18 . Have you been granted Educational Concession from SC/ST Department(Yes/No)	
19. In the case of SC/ST and OBC/OEC students, state whether their present appearance is 1 st or 2 nd	
20. If second, state whether it is within a continuous period of two years(Yes/No)	

DECLARATION

Certified that the details furnished are c	Certified-	correct	
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Name and signature of Candidate

Name and signature of Father/ Guardian

CERTIFICATE

Certified that the details furnished by the candidates were verified with this office records and found correct.

Name and signature of Class Teacher

Name and signature of Principal

Place :

Date :

(Office seal)

(Attach copies of SSLC or equivalent certificates, mark sheets of previous appearances, private registration memo)

^{**} Attach copy of SSLC or equivalent certificate