Annexure - 31

GOVERNMENT OF KERALA DIRECTORATE OF GENERAL EDUCATION (HIGHER SECONDARY)

APPLICATION FOR CORRECTIONS IN HIGHER SECONDARY CERTIFICATES

(Form shall be filled in block letters in English)

District in which the school is situated						Mobil	e Number:			
CORRECTIONS REQUIRED (Put ✓ mark in appropriate columns)										
1	NAME OF APPLICANT				2	DATE OF BIRTH				
3	NAME OF FATHER				4	NAME OF MOTHER				
1 Name of Applicant										
2 Address for Communication (With PIN Code)										
3 Register No., Month & Year										
4. Particulars of Fee Remitted *										
				nount Name of			Treasury Head of Account			
5. Details of Corrections Required										
Sl. No.	Corrections required in						To be corrected as (Attach documentary evidence)			
1	Name of candidate							· · · · · · · · · · · · · · · · · · ·		
2	Date of birth	Date Month Year					Date Month Year			
3	Name of father									
4	Name of mother									

DECLARATION

I do hereby declare that the details furnished above are true to the best of my knowledge and belief. I am fully aware that, in case any false information is detected in future at any stage, my application is liable to be rejected and that it is open to the Department to take appropriate action against me including cancellation of certificate.

Place Date	8 7 11
	<u>CERTIFICATE</u>
No	
schoo	Certified that the details furnished by the candidate have been verified with the ol records and found correct. Hence, I recommend for the correction of
requi	ired documents for correction attached to the application are given below.
Place	: Name and signature of the Principal
Date	: (Office seal)
List o	of enclosures:
1.	
2.	
5.	

^{*} Fee shall be remitted by way of DD in the case of equivalency candidates.