

UNIVERSITY OF KERALA
CENTRE FOR ADULT, CONTINUING EDUCATION AND EXTENSION
 THIRUVANANTHAPURAM - 695 033

Book No. :



Reg. No.

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Serial No. :

APPLICATION FOR EXAMINATION :

(Write the name of the Course)

1. Name of the Applicant (in capital letters)
(As entered in SSLC Book) :
2. Name of Father/Mother/Husband :
3. Age and Date of Birth :
4. Sex : Male / Female
5. Community :
6. Name of the College/Centre through
which the course was completed :
7. Period of study : Fromto
8. Whether appearing for the examination
for the first time? If no, give details :
9. Address (Home) :
.....(Telephone:.....)
10. Details of Exam. fee remitted :
11. Recommendation of the
Course Coordinator : Certified that the candidate has successfully completed the
course and remitted the course fee. He/She possesses the
required attendance and is fully eligible to appear for the
University Examination of the above course.

Photo
 (to be attested
 by the
 Coordinator

Date :

Seal

*Signature of the
Course Co-ordinator*

Signature of the Candidate

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HALL TICKET

- Name of Course :
- Name of Candidate :
- Centre of Examination :
- Date(s) of Examination :
- Signature of the Candidate :
- Signature of Coordinator :

Photo
 (to be attested
 by the
 Coordinator

Date :

Seal

Director