

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	Humanities	Commerce	Technical	Art
4. Type of study:		School going	Open school	Compartmental		Old Scheme		
5. Admission/ open school registration * No.				No	6. Year of Admission			
7. Details of last Higher Secondary Examination Appeared (For supplementary candidates only)					Register No	Year	Month	
8. Register No, Month and Year of passing SSLC								
9. Name of the Candidate (Block letters as in SSLC)			English					
			Malayalam					
10. Sex	Male	Female	11. Religion		12. Caste			
13. Whether belongs to		SC	ST	OBC	OEC	Others		
14. Date of Birth **		In figures						
		In words						
15. Subjects appearing now (Specify the subjects)								
Part I				Part II ***				
Part III Optional 1				Part III Optional 2				
Part III Optional 3				Part III Optional 4				

Affix a recently taken passport size photo (attested by the School Principal)

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

*Attach copy of open school registration memo

** Attach copy of SSLC or equivalent certificate

*** 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 remitted in Treasury		If remitted in School Office
		Chalan No&Date	Name of Treasury	Receipt No.& Date
Examination Fee Rs.				
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 correct

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)

APPLICATION FORM FOR CONDONATION OF SHORTAGE OF ATTENDANCE

Std:

1. Name of the Higher Secondary School with district :
2. Name of the candidate as per the admission Register [in block letters] and postal address :
3. Total No. of working days during the academic year (as on 30.01.2015) :
4. No. of days present :
5. No. of days absent :
6. Shortage of attendance from the minimum prescribed :
7. No. of days for which condonation is required :

8. Dates of absence, reason and whether Medical certificate is enclosed or not

DATES		REASON FOR ABSENCE	WHETHER LEAVE APPLICATION SUBMITTED IN TIME	WHETHER LEAVE SANCTIONED BY THE PRINCIPAL	WHETHER MEDICAL CERTIFICATE ENCLOSED FOR THE DAYS OF ABSENCE
FROM	TO				

9. Particulars of condonation fee remitted

No. and Date of Chalan :
Name of Treasury :
Amount remitted :

Head of account.0202-01-102-97-[03] other receipts.

10. Signature of the student :
11. Recommendation of the Principal of the school :

Certified that timely application for leave was made and leave has been granted.
Condonation was granted/not granted to the student previously.

Place

Date

(School seal)

Signature of the Principal

GOVERNMENT OF KERALA
DEPARTMENT OF HIGHER SECONDARY EDUCATION
APPLICATION FOR CONCESSIONS TO DIFFERENTLY - ABLED / MENTALLY CHALLENGED
CANDIDATE IN THE FIRST / SECOND YEAR HIGHER SECONDARY EXAMINATION,
MARCH - 20.....

1. Name of Examination	:	First Year	Second Year	March 20.....								
2. Examination centre code No	:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; height: 20px;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> </table>										
3. Name of the Examination centre	:											
4. Name of the candidate	:											
5. Address for Communication	:											
6. Register No. of the candidate	:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
7. Nature and percentage of handicap	:											
8. Nature of concessions eligible	:											
[Tick mark the boxes]	:	1. Extra time	<input type="checkbox"/>									
		2. Service of scribe	<input type="checkbox"/>									
		3. Exemption from Drawing diagrams	<input type="checkbox"/>									
		Grace Mark	<input type="checkbox"/>									

Signature of the candidate

Place :
Date :

Certificate of the Principal of the School through which the candidate is presented for Examination:
 Certified that the above candidate is eligible for concessions applicable to Differently abled / Mentally Challenged candidates and the documents submitted herewith are genuine.

Place :
Date : (Office Seal) Signature of the Principal
Name
Designation

Documents attached

1. Photograph highlighting the handicap (for physically challenged)
2. Medical Certificate from Medical Board in original
3. Medical Certificate from the Medical Board – Attested copy
4. Details of the scribe (if necessary)

DEPARTMENT OF HIGHER SECONDARY EDUCATION
HIGHER SECONDARY EXAMINATION MARCH 2015
APPLICATION FOR GRACE MARKS

1. Name of Examination :
2. Examination centre code :
3. Examination centre Name :
4. Register No. of the candidate :
5. Name of the candidate :
6. Address for Communication :
7. Event for which the candidate become eligible for grace mark :
8. Achivement in the participated event :
 [Attach Photocopies of the merit certificate attested by the
 Principal] :
 1. First place
 2. Second place
 3. Third Place
 4. Fourth place
 5. Participation
 6. Any other
(give details)

Forwarded

(Office Seal)

Signature of the Principal

Name

Designation

Address

Place :

Date :

GOVERNMENT OF KERALA

DEPARTMENT OF HIGHER SECONDARY EDUCATION
APPLICATION FOR THE CANCELLATION OF FIRST / SECOND YEAR
HIGHER SECONDARY EXAMINATION, MARCH 2015
(Applications submitted after 31.03.2015 will not be considered)

1. Name of Examination	:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">First Year</td> <td style="width: 33%; text-align: center;">Second Year</td> <td style="width: 33%; text-align: center;">March 20.....</td> </tr> </table>	First Year	Second Year	March 20.....
First Year	Second Year	March 20.....			
2. Examination centre code	:				
3. Examination centre Name	:				
4. Register No. of the candidate	:				
5. Name of the candidate	:				
6. Address for Communication	:				
7. Registered Subjects	:	Part I-English, Part II Part III 1 2. 3. 4.			
8. Reason for cancelling the Examination registration [Attach relevant supporting documents]	:				

Signature of the Parent / Guardian

Signature of the Candidate

Place :

Date :

.....

Forwarded by

(Office Seal)

Signature of the Principal
of the Examination Centre

Name

Designation

Address

Place :

Date :

FORMAT OF THE AFFIDAVIT

I
..... (name and address) do hereby solemnly affirm &
state as follows :-

I completed my Plus Two Course in the Year and appeared for
the Higher Secondary Examination (Month & Year) with Register
Number

A Plus Two Certificate was issued to me with Register Number The
Same was irrecoverably lost
..... (Give details).

I made all my efforts to get the above certificate. Now I am convinced that the
certificate is irrecoverably lost. I need a duplicate copy of the certificate. I am swearing this
affidavit for getting a duplicate of Plus Two Certificate and submit that I am highly needed
of a duplicate of Plus Two Certificate as early as possible.

If at any time the lost Certificate is recovered it will be surrendered to the concerned
authority and I shall not misuse the above Certificate for any other purpose.

The above facts are true.

Dated (Month & Year)
Deponent

APPENDIX – 38
APPLICATION FOR MIGRATION CERTIFICATE



GOVERNMENT OF KERALA
DIRECTORATE OF HIGHER SECONDARY EDUCATION
APPLICATION FOR MIGRATION CERTIFICATE

Details of Fee Remitted

Chalan no.	Date of remittance	Name of Treasury	Amount

1. Name of candidate {in block letters} :

2. Reg No. , Month and Year of Last Examination:

REGNO					MONTH				YEAR			

3. Name & Centre Number of School at which candidate registered for the Examination:

4. The name of University/Institution in which the student is studying / proposed to join:

5. If applying for DUPLICATE MIGRATION CERTIFICATE, specify the details of
Original certificate No.....Date.....

{A declaration (to the effect that the certificate is irrecoverably lost and will be surrendered to the dept if found) of the student attested by two gazette officers should be attached}

6. Address to which the Migration Certificate should be sent:

Pin Code _____ Phone with STD _____

7. If to Send to an institution directly, give details if the candidates course of study:

8. Signature if the candidate with date

-----**Declaration by the Principal**-----
[If the application is submitted directly to the Directorate of Higher Secondary Education (Not through the DHSE Portal)]

I have no objection to the issue of Migration Certificate to the applicant. The transfer Certificate No.....Datedhas been issued to the candidate whose conduct has been satisfactory throughout. The candidate has passed/not passed the higher Secondary Examination.

Station

Date:

SIGNATURE OF THE PRINCIPAL

Applications should be submitted to the PRINCIPAL of the centre at which the candidate registered for the examination. Attach co[y of the admission ticket/Certificate, self addressed stamped envelop and original Chalan Receipt fir the required fees remitted. (Fee Migration certificate: Rs30/- remitted to remitted to Treasury Head of Account: 0202-01-102-97(03) other Receipts) Application for duplicate migration certificate should be submitted directly to the joint Director (Exam). (Fee for duplicate Certificate: Rs 200/-)

**APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF HIGHER SECONDARY
EXAMINATION FIRST / SECOND YEAR 20.....**

DETAILS OF FEE REMITTED

<i>No. & Date of Chalan</i>	<i>Name of treasury</i>	<i>Amount remitted</i>

1. Name of candidate [in block letters] :
2. Reg. No. :
- [a] Name & Centre Number of School/Centre at which candidate took the Examination :
- [b] Revenue District :

3. **Subject[s] and paper[s] for which revaluation is required**

Sl. No.	Part	Name of paper[s]	Score

4. Whether copy of the Mark list is enclosed : Yes / No
5. Whether applied for scrutiny also [separate application to be given] : Yes / No
6. Address of the candidate to which communications are to be sent [in block letters] _____

PIN Code _____

Phone No: _____

Place :

Date :

SIGNATURE OF THE CANDIDATE

.....

Applications should be submitted to the concerned Principal before the last date stipulated.

**APPLICATION FOR SCRUTINY OF VALUED ANSWER SCRIPTS OF HIGHER
SECONDARY EXAMINATION FIRST / SECOND YEAR, 20.....**

DETAILS OF FEE REMITTED

<i>No. & Date of Chalan</i>	<i>Name of treasury</i>	<i>Amount remitted</i>

1. Name of candidate [in block letters] :
2. Reg. No. :
- [a] Name & Centre Number of School/Centre at which candidate took the Examination :
- [b] Revenue District :

3. **Subject[s] and paper[s] for which scrutiny is required**

Sl. No.	Part	Name of paper[s]	Score

4. Whether copy of the Mark list is enclosed : Yes / No
5. Whether applied for revaluation also[separate application to be given] : Yes / No
6. Address of the candidate to which communications are to be sent [in block letters]

PIN Code _____

Phone No: _____

Place :

Date :

SIGNATURE OF THE CANDIDATE

.....

Applications should be submitted to the concerned Principal before the last date stipulated.

**APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPTS OF HIGHER SECONDARY
EXAMINATION FIRST / SECOND YEAR 20.....**

DETAILS OF FEE REMITTED

<i>No. & Date of Chalan</i>	<i>Name of treasury</i>	<i>Amount remitted</i>

1. Name of candidate [in block letters] :

2. Reg. No. :

[a] Name & Centre Number of School/Centre at
which candidate took the Examination :

[b] Revenue District :

3. **Subject[s] and paper[s] for which photocopy of answer scripts is required**

Sl. No.	Part	Name of paper[s]	Score

4. Address of the candidate to which
communications are to be sent [in block letters] _____

PIN Code _____

Phone No: _____

Place :

Date :

SIGNATURE OF THE CANDIDATE

.....

Applications should be submitted to the concerned Principal before the last date stipulated.