Annexure - 34

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									
9	Address for Communication (With PIN Code)									
3	Register No., Month & Year									
4. Particulars of Fee Remitted										
Chalan No		Date	1 1910		ount Name		Treasury	Head of Account		
5. Details of Corrections Required										
Sl. No.	Corrections required in	Existing					To be corrected as (Attach documentary evidence)			
1	Name of candidate									
2	Date of birth	Date Month Year					Date M	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.

Plac Date	0 7 11							
<u>CERTIFICATE</u>								
No.								
	Certified that the details furnished by the candidate have been verified with the pol records and found correct. Hence, I recommend for the correction of							
Plac	e: Name and signature of the Principal							
Date	e: (Office seal)							
List	of enclosures:							
1.								
2.								
3.								
4.								
5.								