

Institute of Human Resources Development

Thiruvananthapuram, Kerala

APPLICATION FOR REGISTRATION TO THE EXAMINATION

1. Register Number in the First Semester Examination : (in the case of Second Semester candidates)											
2. Name of Course :						3. Semester/Year :					
4. Name of Exam :											
5. Regular/ Supplementary :						6. Year of Scheme :					
7. Name of Centre											
8. Name of Candidate (In Block letters)											
9. Sex (M/F)			10. Date of Birth (DD-MM-YYYY)								
11. Permanent Address											
12. Details of Qualifying Exam passed											

For supplementary candidates only

13. Details of Previous appearance of the same semester examination mentioned (2 & 3) above, if any	Chance	Month & Year	Register Number
	1		
	2		
	3		
	4		
	5		
14. Details of special order for appearing exam. If any.			
15. Name of subjects for which the applicant is applying for registration	Subject Code	Subject name	
16. Details of fee paid	Amount : Rs.	Receipt no.	Date:

Signature of the Candidates :

CERTIFICATE

Certified that the applicant has secured minimum 75% attendance and the particulars furnished by the applicant have been verified with the relevant records and found correct

Place
Date

Chief Superintendent