(Established by Government of Kerala)

Application for Revaluation of Answer script of IHRD Examinations

Name of the Applicant: (in Block letters as in SSLC)										
2. a) Date of Birth (as in SSLC):			b) Sex:							
3. a) Address for Communication:				b) Email id :						
			c) Land phone :							
			d) Mobile(s):							
4. Name of Examination Centre :										
5. Name of Examination:										
6. Month & Year of Exam.:										
7. Regular/Supplementary exam.:										
8. Register no. (write one digit in each box):										
9 Details of subjects requested for revaluation :										
Sl. No.	Subject Code	ubject Name				Fee for revaluation				
				Total Fee required (Rs.)						
10. Details of Fee remitted.: Rs.			DD. No.				dated.	1	/20	
Place :										
Date:			Signature of the Applicant							
Certified that the register no., subject code, subject name and remittance details given above are verified and found correct as per records.										
Date:				Head of Institution						
Ihrd/2017		(Office Seal)								