പൊതു വിദ്യാഭ്യാസ ഡയറക്ടറുടെ കാര്യാലയം ഹയർസെക്കന്ററി വിഭാഗം ഹൗസിംഗ് ബോർഡ് ബിൽഡിംഗ് ശാന്തി നഗർ, തിരുവനന്തപുരം

തീയതി: 08/09/2020

EX.IV/1/9083/DGE/2020

സർക്കുലർ

ഹയർസെക്കന്ററി സർട്ടിഫിക്കറ്റിലെ പരീക്ഷാർത്ഥിയുടെ പേര്, പിതാവിന്റെ പേര് , മാതാവിന്റെ പേര് , ജനന തീയതി എന്നിവയിലെ തിരുത്തലുകൾക്കായി ഇതോടൊപ്പം ഉള്ളടക്കം ചെയ്തിട്ടുള്ള അപേക്ഷാ ഫോം ഉപയോഗിക്കേണ്ടതാണ്. അപേക്ഷയോടൊപ്പമുള്ള നിർദ്ദേശങ്ങൾ കൃത്യമായും പാലിക്കുന്ന അപേക്ഷകൾ മാത്രമേ ശുപാർശ ചെയ്ത് ഡയറക്ടറേറ്റിലേക്ക് അയക്കാവൂ. എല്ലാ പ്രിൻസിപ്പൽമാരും ആയത് കൃത്യമായും പാലിക്കേണ്ടതാണ്.

> ഒപ്പ്/– **ജോയിന്റ് ഡയറക്ടർ** (പരീക്ഷാ വിഭാഗം)



GOVERNMENT OF KERALA

BOARD OF HIGHER SECONDARY EXAMINATIONS

APPLICATION FOR CORRECTIONS IN HIGHER SECONDARY CERTIFICATES

(Form should be filled in Block letters in English)

District in which the school is situated							Mobile Number:			
	IRE	ED: (Pı	ıt √n	nark in	appro	priate	e columi	ns)		
NAME OF APPLICANT						2	DATI	E OF BIRT	Н	
NAME OF FATHER						4	NAM	E OF MOTHER		
Name of Applica	nt									
2 Address for Communication (With PIN Code)										
Register No., Month & Year										
4. Particulars of Fee Remitted										
Chalan No Date				Name of			Treasury Head of Account		nt	
									"0202-01-102-97[0 other receipts)3]
Details of Correction	ons	Requi	ed							
Corrections Required in					ting		To be Corrected as (Attach documentary evidence)			
Name										
Date of Birth	Date Month Year					l ear		Date	Month Year	
Fathers Name										
Mothers Name										
	NAME OF APPL NAME OF APPL NAME OF FATH Name of Applican Address for Comm (With PIN Code) Register No., Mo Particulars of Fee F Chalan No Details of Correction Required in Name Date of Birth Fathers Name	RRECTIONS REQUIRE NAME OF APPLICA NAME OF FATHER Name of Applicant Address for Commun (With PIN Code) Register No., Month Particulars of Fee Rem Chalan No Details of Corrections Corrections Required in Name Date of Birth Fathers Name	RRECTIONS REQUIRED: (Pund NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No., Month & Yearticulars of Fee Remitted Chalan No Dai Details of Corrections Required in Name Date of Birth Fathers Name	RRECTIONS REQUIRED: (Put In NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No., Month & Year Particulars of Fee Remitted Chalan No Date Details of Corrections Required Corrections Required in Name Date of Birth Fathers Name	RRECTIONS REQUIRED: (Put / mark in NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No. , Month & Year Particulars of Fee Remitted Chalan No Date Am Rem Details of Corrections Required Corrections Required in Exist: Name Date of Birth Date Month Fathers Name	RRECTIONS REQUIRED: (Put / mark in appro NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No., Month & Year Particulars of Fee Remitted Chalan No Date Corrections Required in Name Date of Birth Fathers Name	RRECTIONS REQUIRED: (Put / mark in appropriate NAME OF APPLICANT 2 NAME OF FATHER 4 Name of Applicant Address for Communication (With PIN Code) Register No., Month & Year Particulars of Fee Remitted Chalan No Date Amount Remitted Name Name Name Details of Corrections Required Existing Name Date of Birth Date Month Year Fathers Name Fathers Name	NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No. , Month & Year Particulars of Fee Remitted Chalan No Date Amount Remitted Name of Corrections Required Corrections Required in Name Date of Birth Date Month Year Fathers Name	RRECTIONS REQUIRED: (Put / mark in appropriate columns) NAME OF APPLICANT	NAME OF APPLICANT NAME OF APPLICANT NAME OF FATHER Name of Applicant Address for Communication (With PIN Code) Register No. , Month & Year Particulars of Fee Remitted Chalan No Date Amount Remitted Chalan No Date Amount Remitted Corrections Required Corrections Required Corrections Required in Name Date Month Year Date Month Year

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.

Place : Date :		Name and Signature of Applicant					
	CERTIFIC	CATE					
No							
Certified that the details furnished by the candidate have been verified with							
the school records and four	and correct. Hence	e I recommend for the correction of					
The required documents for correction attached to the application are given below.							
Date :	Office Seal	Name and Signature of the Principal					
Place:							
List of Enclosures :-							
(i)							
(ii)							
(iii)							
(iv)							

INSTRUCTIONS FOR CORRECTIONS IN HIGHER SECONDARY CERTIFICATE

- 1. Application for all corrections should be routed through the School Principal in which the applicant last studied. The completed applications shall be duly recommended and submitted directly to the Joint Director (Exam), O/o Director of General Education, Higher Secondary Wing , Housing Board Buildings, Santhinagar, Thiruvananthapuram-1
- 2. Corrections shall be made only in accordance with the School Records.
- 3. Fee for issuing new certificate: Rs 40/-, remitted to Treasury Head of Account : 0202-01-102-97(03)Other Receipts.).
- 4. If a person is authorized by the applicant for collecting the certificate, the person so authorized shall submit photocopy of his ID card.
- 5. The following documents are to be submitted in general for all corrections.
 - (i) Original Higher Secondary Certificate
 - (ii) Attested copy of SSLC
 - (iii) Original Chalan Receipt of Sub/Dist. Treasury for Rs. 40/-
 - (iv) self-addressed envelope with postage stamp worth Rs.42/- (if the certificate is to be sent by post)
- 6. Incomplete applications will be rejected.