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 appearence 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 the 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 Candidate :

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