



# Institute of Human Resources Development

Thiruvananthapuram, Kerala

## APPLICATION FOR REGISTRATION TO THE EXAMINATION FOR IHRD COURSES

1. Name of Course :		2. Semester/Year :	
3. Name of Exam. :			
4. Regular/Supplementary :		5. Year of Scheme :	
6. Name of Exam. Centre :			
7. Name of Candidate (In Block letters)			
8. Sex (M/F/Other) :		9. Date of Birth : (DD-MM-YYYY)	
10. Permanent Address :			
11. Contact Phone nos.:			
12. Details of Qualifying Exam. Passed for admission.			
13. Register Number allotted in the First Semester/Regular Examination:			

### (for supplementary candidates only)

14. Details of Previous appearance of the same semester/year examination mentioned (1 & 2) above, if any.	Chance	Month & Year	Chance	Month & Year
	1		6	
	2		7	
	3		8	
	4		9	
	5		10	
15. Details of special sanction order for appearing the exam, if any.				
16. Name of subjects for which the applicant applying for registration. (Please verify that Subject code given is correct. Registration will be done as per subject code only.)	Subject Code	Subject name		
17. Details of Exam. fee paid.	Amount : Rs.	Receipt no.:	Date: / /20	

Signature of the Candidate :  
with date

### CERTIFICATE

Certified that the applicant has secured minimum 75% attendance as on date of application and the particulars furnished by the applicant have been verified with the relevant records and found correct.

Place :

Date : - -

Head of Institution