

Annexure - 35

**GOVERNMENT OF KERALA
DIRECTORATE OF GENERAL EDUCATION (HIGHER SECONDARY)**

APPLICATION FOR OTHER CERTIFICATES

1. Name of candidate (in block letters) :
2. Details of last examination attended
 - a. Month & year :
 - b. Register number :
3. Date of birth :
4. Address for communication : :
5. Mobile number :
6. Purpose of the certificate :
7. Details of fee remitted

Chalan No	Date	Amount Remitted	Name of Treasury	Head of Account

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: *Name and signature of applicant*

Date :

RECOMMENDATION OF THE PRINCIPAL

Place: *Name and signature of the Principal*

Date :

(Office seal)