

13. Did you remit the full course fee in your previous registration :

14. If No/Balance fee details :

Fee Paid Chellan No. Date

Name of SBT Branch District

RE-ADMISSION FEE DETAILS

Fee Paid Chellan No. Date

Name of SBT Branch District

DECLARATION

Certified that the particulars given above are true to the best of my knowledge and belief. I agree to abide by the decisions taken by SCOLE-Kerala authorities during the course of my study.

Place:

Signature of the Applicant

Signature of the Guardian

Date:

FOR OFFICE USE ONLY

Remarks :

Signature
(Section Asst.)

Signature
Executive Director