

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 Post Office District

RE-ADMISSION FEE DETAILS

Fee Paid Chellan No. Date

Name of Post Office 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:

DECLARATION

Certified that the above particulars furnished by the student are true and correct to the best of my knowledge and belief.

Place:

Name & Signature of the

Date:

School seal

Principal

FOR OFFICE USE ONLY

Remarks :

Signature
(Section Asst.)

Signature
Executive Director