

# STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA

DIPLOMA IN CHILD CARE AND PRESCHOOL MANAGEMENT EXAMINATION - 20.....

## APPLICATION FOR DCPM EXAMINATION

*Affix a recently  
taken passport size  
photo (attested by  
the Head of the  
Institution)*

1. Name of Study Centre		2. Centre Code	
3. Name of Examination Centre		4. Centre Code	
5. Admission No.	6. Year of Admission		
7. Register No., Month and Year of passing SSLC			
8. Name of the Candidate (Block letters as in SSLC)	English		
	Malayalam		
9. Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	10. Religion
			11. Caste
12. Whether belongs to: <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> OEC <input type="checkbox"/> Others			
13. Date of Birth	In figure		
	In words		
14. Postal Address of the Candidate			
	Phone No.	Pin Code	
15. Papers appearing now (Specify the subjects)			
Paper			
Sl.No	Code	Paper	Paper Name
1.	DCP 01	Paper I	
2.	DCP 02	Paper II	
3.	DCP 03	Paper III	
4.	DCP 04	Practical Evaluation	

16. Details of examination fee remitted

Payment ID	Date of payment	Fees Remitted

**DECLARATION**

I hereby declare that the details furnished above are correct.

*Name and Signature of the Candidate:*

*Place :*

*Date:*

**CERTIFICATE**

Certified that the details furnished by the candidate is verified with the office records and found correct.

*Name and Signature of the Co-ordinating Teacher:*

*Name and Signature of the Head of the Institution*

*Place:*

*Date:*

*(Office Seal)*

*(Attach copy of SSLC or equivalent certificate)*



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**STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA**  
**DIPLOMA IN CHILDCARE AND PRESCHOOL MANAGEMENT EXAMINATION, 20...**

**APPLICATION FOR CONDONATION - SHORTAGE OF ATTENDANCE**

1. Name of Study Centre:	Centre Code :		
2. District of Study Centre:			
3. Name of the candidate as per the Admission Register [ <i>in block letters</i> ]			
4. Postal address of the candidate as per the Admission Register :			
5. Total No. of working hours during the academic year:			
6. No. of hours present:		7. No. of hours absent:	
8. Minimum percentage of attendance prescribed			
9. Percentage of hours for which condonation is required			
10. Reason for absence			
11. Particulars of condonation fee remitted (online)			
<b>Payment ID</b>	<b>Date of payment</b>	<b>Fees Remitted</b>	

*Signature of the candidate*

<b>RECOMMENDATION OF THE HEAD OF THE INSTITUTION</b>	
<p>Certified that timely application for leave was made and leave has been granted. Condonation may be permitted.</p>	
<p>Place:</p> <p>Date:</p>	<p style="text-align: right;"><i>Name and Signature of the Head of the Institution</i></p> <p style="text-align: center;">(Office Seal)</p>