



STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA
DIPLOMA IN YOGIC SCIENCE AND SPORTS YOGA EXAMINATION-20....

APPLICATION FOR YOGA EXAMINATION

*Affix a recently
taken passport size
photo (attested by
the School
Principal)*

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			
Code	Name		
1.			
2.			
3.			

16. Details of previous attempt (Supplementary Candidates only)- Theory				
Reg.No	Month & Year	Paper		
		Code No.	Name	Marks Obtained

17. Details of previous attempt (Supplementary Candidates only)- Practical				
Reg.No	Month & Year	Paper		
		Code No.	Name	Marks Obtained

18. Details of Examination Fee Remitted

Online

Payment ID	Date of payment	Fees Remitted

DECLARATION

I hereby declare that the details furnished above are correct.

Name and Signature of the Candidate:

Name and Signature of Father/ Guardian :

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 Principal

Place:

Date:

(Office Seal)

*(Attach copy of SSLC or equivalent certificate,
mark sheets of previous attempts)*



STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA
DIPLOMA IN YOGIC SCIENCE AND SPORTS YOGA, 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 (offline/online)			
Chalan No/ Payment ID	Date of payment	Fees Remitted	Name of Post office (Offline)

Signature of the candidate

RECOMMENDATION OF THE PRINCIPAL

Certified that timely application for leave was made and leave has been granted. Condonation may be permitted.

Name and Signature of the Principal

Place:

Date:

(Office Seal)