



**STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION - KERALA [SCOLE-Kerala]**  
 [Formerly Kerala State Open School (KSOS)]  
 Vidyabhavan, Poojappura, Thiruvananthapuram -695012

Phone: 0471 2342960, 2342271, 2342369 email : scolekerala@gmail.com, .www.scolekerala.org

**APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPTS OF D.D.N.C EXAMINATION (..... BATCH) 20...**

1. Name of Candidate (in block letters) : .....
2. Reg No. : .....
- a) Name & School code of Exam Centre : .....
- b) District : .....
3. Paper[s] for which photocopy of answer scripts is required

Sl.No.	Paper Code	Name of Paper[s]	Score

4. Whether copy of Mark list enclosed : Yes  / No
5. Address of the Candidate to which : .....
- Communications are to be sent : .....
- (in block letters) : .....
- Pin Code : .....
- Phone No: : .....

**DETAILS OF FEE REMITTED**

**Online Remittance**

Transaction No.	Date	Amount

**Offline Remittance**

Invoice No. & Date of Chalan	Name of Post Office	Amount

Applications should be submitted to the concerned Principal before the last date stipulated

Signature of the Candidate : .....

Place:

Date:

Office Seal

**Signature of the Principal**  
(YOGA Study Centre)



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**APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF D.D.N.C EXAMINATION (..... BATCH) 20...**

1. Name of Candidate (in block letters) : .....
2. Reg No. : .....
- a) Name & School code of Exam Centre : .....
- b) District : .....
3. Paper[s] for which revaluation is required

Sl.No.	Paper Code	Name of Paper[s]	Score

4. Whether copy of Mark list enclosed : Yes  / No
5. Address of the Candidate to which : .....
- Communications are to be sent : .....
- (in block letters) : .....
- Pin Code : .....
- Phone No: : .....

**DETAILS OF FEE REMITTED**

**Online Remittance**

Transaction No.	Date	Amount

**Offline Remittance**

Invoice No. & Date of Chalan	Name of Post Office	Amount

Applications should be submitted to the concerned Principal before the last date stipulated

Signature of the Candidate : .....

Place:  
Date:

Office Seal

**Signature of the Principal**  
(YOGA Study Centre)



**APPLICATION FOR SCRUTINY OF VALUED ANSWER SCRIPTS OF D.D.N.C EXAMINATION (..... BATCH) 20...**

1. Name of Candidate (in block letters) : .....
2. Reg No. : .....
- a) Name & School code of Exam Centre : .....
- b) District : .....
3. Paper[s] for which revaluation is required

Sl.No.	Paper Code	Name of Paper[s]	Score

4. Whether copy of Mark list enclosed : Yes  / No
5. Address of the Candidate to which : .....
- Communications are to be sent : .....
- (in block letters) : .....
- Pin Code : .....
- Phone No: : .....

**DETAILS OF FEE REMITTED**

**Online Remittance**

Transaction No.	Date	Amount

**Offline Remittance**

Invoice No. & Date of Chalan	Name of Post Office	Amount

Applications should be submitted to the concerned Principal before the last date stipulated

Signature of the Candidate : .....

Place:  
Date:

Office Seal

**Signature of the Principal**  
(YOGA Study Centre)