



STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA
DIPLOMA IN DOMICILIARY NURSING CARE COURSE EXAMINATION-20....

APPLICATION FOR DDNC EXAMINATION

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

1. Name of Study Centre		2 Centre Code	
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3. Name of Examination Centre		4. Centre Code	
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5. Admission No.		6. Year of Admission	
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7. Register No., Month and Year of passing SSLC		
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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	
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12. Whether belongs to:	<input type="checkbox"/> SC	<input type="checkbox"/> ST	<input type="checkbox"/> OBC	<input type="checkbox"/> OEC	<input type="checkbox"/> Others
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13. Date of Birth	<i>In figure</i>	
	<i>In words</i>	

14. Postal Address of the Candidate							
	Phone No.	Pin Code <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>					

15. Papers appearing now (<i>Specify the subjects</i>)
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Paper	
Code	Name
1. DDN-01	Paper I - Principles of Domiciliary Care and Common Conditions requiring Domiciliary Care
2. DDN-02	Paper II - Practical Aspects of Domiciliary Nursing Care
3. DDN-03	Practical Evaluation

16. Details of examination fee remitted

Offline

Chalan No.	Date of remittance	Fees Remitted	Name of Post Office

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

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, Copy of Identity Card)

STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA
DIPLOMA IN DOMICILIARY NURSING CARE COURSE 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.
<i>Name and Signature of the Principal</i>
<i>Place:</i>
<i>Date:</i>

(Office Seal)