

## STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION-KERALA

## DIPLOMA IN YOGIC SCIENCE AND SPORTS YOGA COURSE

**EXAMINATION-20....** 

## APPLICATION FOR DIPLOMA IN YOGIC SCIENCE AND **SPORTS YOGA COURSE - 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 Cent	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							
(Block letters as in SSLC)	Malayalam	1alayalam						
9. Sex:  Male Female 10. Religion 11. Caste								
12. Whether belongs to: SC ST OBC OEC Others								
13. Date of Birth	In figure							
	In words							
14. Postal Address of the Cand	Phone No.	Pin Code						

			,	Dono			
				Paper 			
Code			Name				
1.							
2.							
3.							
4.							
18. Details of e	examination fe	e remitte	d				
Offline							
Chalan No. Date of rem		ittance	nce Amount Remitted		N	Name of Post Office	
Online							
Payment ID		Date of payment			Amount Remitted		
I hereby de	clare that the	details f		CLARATION above are		rect.	
Name and Signature of the Candidate: Place : Date:					Name and Signature of Father/ Guardian .		
Certified the found correct.	hat the details	s furnish		RTIFICATE candidate		rerified with the office records and	
Name and Signature of the Co-ordinating Teache Place: Date:			er:		Name and Signature of the Principa		
				(Office Seal)			