INSTITUTE OF HUMAN RESOURCES DEVELOPMENT

(Established by Government of Kerala)

Application for Special Sanction to register for IHRD Examinations

1. Name of the Applicant : (in Block letters as in SSLC)									
2. a) Date of Birth (as in SSLC) :		b) Sex:							
3. a) Address for Communication :		b) Email id :							
		c) Land phone :							
	d) Mobile(s) :								
4. Name of Examination Centre :									
5. Name of Course attended.:									
6. Scheme of study :									
7. Register no. of candidate (write one digit in each box):									
8. Details of Exam. for which the candidate applies for spec			ion:						
 a) Semester : b) Month & year of first reginer c) Total chances already and d) Month & Year of Supplement special sanction to appendix 									
 Details of Special Sancti for the same semester ex 									
10. Details of subjects for v	which special sanction to regist or all failed subjects in the semi			ed :					
SI. No. Subject Code				ubject Name			Month & Year of last exam. registration		

Declaration

I Declare that all the information furnished above is correct to my knowledge and belief. I understand that any wrong information may cause rejection of my application for special sanction. I declare that I will take maximum effort to complete my course by availing the chance for which the special sanction is requested and if sanctioned by the Director, IHRD.

Place : Date:

Signature of the Applicant

Certified that the details given above are verified and found correct as per office records.

Date:

(Office Seal)

Head of Institution