Institute of Human Resources Development

Thiruvananthapuram, Kerala

APPLICATION FOR REGISTRATION TO THE EXAMINATION FOR IHRD COURSES

1. Name of Course :	2. Semester/Year :

3. Name of Exam.   :

4. Regular/Supplementary :	5. Year of Scheme :

6. Name of Exam. Centre :	
7. Name of Candidate *(In Block letters)*	
8. Sex (M/F/Other) :	9 . Date of Birth : *(DD-MM-YYYY)*
10. Permanent Address :	
11. Contact Phone nos.:	
12. Details of Qualifying Exam. Passed for admission.	

(for supplementary candidates only)

13. Register Number in the First Semester Examination:	

14. Details of Previous appearance of the same semester/year examination mentioned (1 & 2) above, if any.	Chance	Month & Year	Chance	Month & Year
	1		6	
	2		7	
	3		8	
	4		9	
	5		10	

15. Details of special sanction order for appearing the exam, if any.	

16. Name of subjects for which the applicant applying for registration*.* *(Please verify that Subject code given is correct. Registration will be done as per subject code only.)*	Subject Code	Subject name

17. Details of Exam. fee paid.	Amount : Rs.	Receipt no.:	Date: / /20

Signature of the Candidate :
with date

C E R T I F I C A T E

Certified that the applicant has secured minimum 75% attendance as on date of application and the particulars furnished by the applicant have been verified with the relevant records and found correct.

Place :
Date :   -   -   Head of Institution

Ihrd/2017