

Form No XXI D
KERALA DEVASWOM RECRUITMENT BOARD

APPLICATION FOR RECHECKING OF ANSWER SCRIPT

(Prescribed fee of Rs 150/- shall be remitted directly to the office of the Kerala Devaswom Recruitment Board, Thiruvananthapuram or by Money order in favour of the **Secretary Kerala Devaswom Recruitment Board, Ayurveda College Junction, Thiruvananthapuram 695001**. For more details refer to notification publishing the Short List or Select List relating to the test)

Fill in all columns.

1	Number & Date of Short List/Select List published	
2	Name of Post & Category No.	
3	Name of Devaswom Board	
4	Whether applied for rechecking of answer script of this test earlier?	
5	Date of written test & Type of test (Descriptive or Objective)	
6	Register Number for the Test (With prefix such as 'S', 'T', 'Q' etc. if any)	
7	Name & address of candidate (As given in the Admission Ticket)	
8	Address to which reply is to be sent	
9	Religion & Community as claimed in application	
10	Whether claimed to be PH. (If 'Yes' specify whether Blind / Deaf or Dumb / Orthopaedically Handicapped)	
11	(a) Whether included in Short List/Select List published for the post (b) If included in select list specify Sl. No./Reg. No. and Rank No.	
12	Particulars of remittance: Amount Receipt No / Money Order No. Date	

I hereby apply for rechecking of my answer script for the aforesaid test, and declare that the details furnished above are true to the best of my knowledge and belief.

Place:

Date:

Signature of the candidate

