

## Kerala Devaswom Recruitment Board Thiruvananthapuram

## **Application for Admission to Departmental Test**

Here affix a recent passport size photograph of the Candidate taken within six months and attest it by the Identifying Officer

Name, designation and Signature of the Identifying Officer Office Seal

1) Name of Candidate with initials :

(In block letters)

2) Address of which communications

are to be sent

3) Official address :

4) Test for which the candidate desires to appear

Name of test

Name of subject

•					
7) Amount of fee remitted	<b>:</b>	Ş			
8) If exempted from payment of					
fee, state whether this is the first	:				
free chance for the test				,	
9) Have you availed of the free chance					
earlier for any of the Deparmental Tes	st :				
(If so state the name of test with Regis	ster	16			
Number)					
		4 .	<u> </u>		
Station:			6)	u.	
Date :		ų	Signati	ure of candid	date
				d	
		w.			
	<u>Certificate</u>				
Certified that the candidate is	eligible for exe	mption from	payment	of fees, b	eing
obligatory test for the post and that this	is the first free	chance for t	he follow	ing test and	that
necessary entries have been made in the s	service book of th	ne candidate.			
ø					

Station:

Date :

(Office Seal)

Name, Signature of the Head of office (Designation and Address)

(1) Exemption from the payment of examination fee will be allowed only once exclusively for the test required for probation and promotion to higher post coming in the line of promotion in the Board.

For office use only