Government of Kerala
DEPARTMENT OF
TECHNICAL EDUCATION

Board of Technical Examinations

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Application for Registration

Academic Year 20…..-20……

Course	
Part Time / Full Time	
Branch & Branch Code	
Name of Institution & Institution Code	
Name of Candidate (In block capitals as in SSLC)	
Address in full (Permanent home address)	
Religion	
Community*	
Date of Birth	

Certified that details furnished by me above are correct.

Station :
Date :

Name & Signature of the candidate

Recommended for Registration **Head of Section/ Group Tutor**
Certified that the entries are carefully verified and found correct with this office records **Section Clerk** **Office Seal** **Principal/Head of Institution**

Furnish all details
*Specify whether OBH/OBX/SC/ST