

| UT No:   |  |
|----------|--|
| Reg. No: |  |

| 1. NAME OF APPLICANT (in                           | capitals) | LE         | N      | I     | N    |                          |      |       |        | T     |        |       |       | T      | T        | T  |
|----------------------------------------------------|-----------|------------|--------|-------|------|--------------------------|------|-------|--------|-------|--------|-------|-------|--------|----------|----|
| 2. COURSE NAME                                     |           |            |        |       |      | er eller e estratagione, | -    |       | -      |       |        |       |       |        | _        | _  |
| DIPLOMA                                            |           |            | -      | 00    | 101  | SEI                      | P    |       |        |       |        |       |       |        |          |    |
|                                                    |           |            |        |       |      |                          |      |       |        | -     | _      |       |       | 10     | 7        |    |
| MECHAI                                             | VICAL     | EN         | 91     | NE    | EK   | IN                       | 9    |       |        |       | -      | pa    |       | -      | 1        |    |
|                                                    |           |            |        |       |      |                          |      |       |        |       |        |       | 1     |        | 1        | 2  |
| 3. SCHOOL APPLYING FOR PLEASE TICK APPROPRIATE BOX |           |            |        |       |      |                          |      |       |        |       |        |       |       |        | * F      |    |
| ☐ School of Technology                             | ☐ Sch     | ool of Bus | siness | & Co  | omme | erce                     |      |       | School | ol of | Life 8 | Allie | ed He | alth 9 | Scienc   | ec |
| ☐ School of Pharmacy                               |           | artment o  |        |       |      |                          |      |       |        |       |        |       |       |        | ied Sc   |    |
| ☐ School of Education                              | 200       | cal Law So |        |       |      |                          |      |       | Scho   |       |        |       |       |        |          |    |
| School of Polytechnic                              |           | ege of Ur  |        |       |      |                          |      |       | Colle  | ge of | Ayur   | veda  |       |        |          |    |
| School of Nursing                                  | □ Sch     | ool of Par | amed   | ical  |      |                          |      |       |        |       |        |       |       |        |          |    |
| 4. DATE OF BIRTH                                   |           | 5          | . SEX  | (~)   |      | 6. NA                    | TIOI | NALI  | TY     |       |        |       |       |        |          |    |
| 110820                                             | 000       |            | -      |       |      | I                        | N    | D     | T      | A     | N      |       | T     | T      | T        | Γ  |
| (DD) (MM)                                          | ( YYYY )  |            | MALE F | EMALE |      |                          |      |       | -      |       | 11.7   |       |       |        |          | 1  |
| 7. CATEGORY                                        |           |            |        |       |      | 8. M                     | ARIT | AL S  | TATU   | s     |        |       |       |        |          |    |
| General ☐ SC ☐ ST ☐                                | OBC [     | ]          |        |       |      | Singl                    | е 🗌  |       | Marri  | ed [  | ]      |       |       |        |          |    |
| Physically Handicapped                             | Freedom F | ighter 🗌   |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| 8.1. AADHAR CARD NO.                               |           |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| 5 3 2 7 7                                          | 50        | 6          | 49     | 2     | 2    |                          |      |       |        |       |        |       |       |        |          |    |
|                                                    |           |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| 9. FATHER'S NAME                                   |           | · ·        | T-     | T .   | Т    |                          |      |       |        |       |        | _     | /     |        |          | _  |
| LATEN                                              | K         | L          | E      | N     | I    | N                        |      |       |        |       |        |       |       |        |          |    |
| 10. MOTHER'S NAME                                  |           |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| MINIL                                              | EN        | IN         | 1      |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| 11. PERMANENT ADDRESS                              |           |            |        |       |      |                          |      |       |        |       |        |       |       |        | -        | -  |
| NIRAVA                                             | TH        | H          | O      | U     | 5    | F                        |      | E     | D      | A     | P      | P     | A     | 1      | 1        | V  |
| ERNAKU                                             | LA        | M          |        |       | ~    | _                        |      | _     | ע      |       |        |       | 1     | -      | <u>h</u> | 1  |
| KERALA                                             |           | 1          | +      |       |      |                          | D    | IN C  | ODE    | -     | 0      | 2     | -     | 5      | 1.       | _  |
|                                                    | 1         |            |        | l     |      |                          | -    | IN C  | ODE    | 0     | Q      | 2     | 0     | 2      | 4        | _  |
| 12. ADDRESS FOR CORRESPO                           | ONDENCE   |            | _      |       | 1    |                          |      | ,     |        |       |        |       |       | ,      |          |    |
|                                                    | 1         |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
|                                                    |           |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
|                                                    |           |            | T      |       |      |                          | р    | IN CO | DDE    |       |        |       |       |        |          | -  |
| 13. STD CODE                                       | i         |            |        |       |      |                          |      |       |        |       |        |       |       |        |          |    |
| IJ. JID CODE                                       |           |            |        |       | 1    | 3.1. T                   | ELEP | HON   | IE NU  | IMBE  | ER     |       |       | T -    | 7        |    |
|                                                    |           |            |        |       | L    |                          |      |       |        |       |        |       | 1     |        |          |    |
| 14.1. MOBILE NO. (APPLICAL                         |           |            |        |       | 1    | 4.2. N                   | IOBI | LE N  | O. (PA | AREN  | IT /G  | UARI  | DIAN  | )      |          |    |
| +91 9 5 3 9 4                                      | 86        | 3 1        | 5 6    | )     | +    | 91                       |      |       |        |       |        |       |       |        |          |    |

SIGNATURE OF APPLICANT



| 15.1 EMAIL ADDRI                                                                                                                     | SS (APP                             |                                  | T)              | 0                        | T                     |                 | T                                                  |                |                   |                | T.       |                    | _                            | 1.                                        |                   |                 | T               | _     |           |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------|-----------------|--------------------------|-----------------------|-----------------|----------------------------------------------------|----------------|-------------------|----------------|----------|--------------------|------------------------------|-------------------------------------------|-------------------|-----------------|-----------------|-------|-----------|
| akhi                                                                                                                                 | XX                                  | e                                | n               | 1                        | n                     | a               | m                                                  | a              | l                 | (2)            | 9        | m                  | a                            | i                                         | 1                 | ,               | C               | 0     | n         |
| 15.2 EMAIL ADDRE                                                                                                                     | SS (PAR                             | ENT /                            | GUAF            | RDIA                     | N)                    | т—              | _                                                  |                | _                 |                | _        | _                  |                              | _                                         |                   | -               |                 |       |           |
|                                                                                                                                      |                                     |                                  |                 |                          |                       |                 |                                                    | <u></u>        |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| 16. EDUCATIONAL                                                                                                                      | QUALIFIC                            | CATION                           | Vi:             |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| Class                                                                                                                                | Ex                                  | Examination Passed/<br>Appearing |                 | Board/<br>University     |                       |                 |                                                    | Year<br>2016   |                   |                | Division |                    |                              | Percentage                                |                   |                 |                 |       |           |
| HIGH SCHOOL                                                                                                                          | -                                   | SSLC Gouties                     |                 | ta                       |                       |                 |                                                    |                |                   |                |          | 5                  | 6.                           | /,                                        |                   |                 |                 |       |           |
| INTERMEDIATE                                                                                                                         |                                     |                                  |                 |                          |                       |                 |                                                    | _              |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| GRADUATION                                                                                                                           |                                     |                                  |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| POST-GRADUATION                                                                                                                      |                                     |                                  |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| 7. PLEASE TICK THI                                                                                                                   | TEST A                              | PPEAR                            | ED:             |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| ] NEET                                                                                                                               |                                     | Roll                             | No              |                          |                       |                 |                                                    | Rar            | nk [              |                |          |                    |                              | Score                                     | e [               |                 |                 |       |           |
| GATE                                                                                                                                 |                                     | Roll                             | No              |                          |                       |                 |                                                    | Ran            | nk [              |                |          |                    |                              | Score                                     | e [               |                 |                 |       |           |
| MAT                                                                                                                                  |                                     | Roll                             | No              |                          |                       |                 |                                                    | Rar            | nk [              |                |          |                    |                              | Score                                     | e [               |                 |                 | _     |           |
| CAT                                                                                                                                  |                                     | Roll                             | No              |                          |                       |                 |                                                    | Rar            | nk [              |                |          |                    |                              | Score                                     | e [               |                 |                 | -     |           |
| CLAT                                                                                                                                 |                                     | Roll                             | No              |                          |                       |                 |                                                    | Rar            | nk [              |                |          |                    |                              | Score                                     | e [               |                 |                 |       |           |
| 8. DETAILS OF DEN                                                                                                                    | AND D                               | RAFT                             |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| UMBER                                                                                                                                |                                     | DATE                             |                 |                          |                       |                 |                                                    | AM             | OUN               | T              |          | E                  | BANK                         | NAM                                       | E WIT             | H BR            | ANCH            | ł     |           |
|                                                                                                                                      |                                     |                                  |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| ASH                                                                                                                                  |                                     | { D                              | 10 }            | (                        | MM)                   |                 | [ YY ]                                             |                |                   |                |          |                    |                              |                                           |                   |                 | -               |       |           |
|                                                                                                                                      |                                     |                                  |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| 19. HOSTEL PREFE                                                                                                                     | RENCE                               | Υ                                | ES [            |                          | NO                    |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| hereby declare that all<br>inderstood all the pro-<br>information or suppre-<br>idmission/degree is lia<br>the eligibility condition | visions o<br>ssion or<br>ble for ca | f admis<br>distortic             | sion a<br>on of | any f                    | gree to<br>act li     | o abio<br>ke ed | le by t<br>ucatio                                  | hem.<br>onal q | In the<br>ualific | even<br>cation | t of si  | ubmis<br>ks, na    | sion o                       | of frau                                   | iduler<br>tc. I u | nt, inc         | orrect<br>stand | or fa | lse<br>my |
| 0. ATTACHED DOC                                                                                                                      |                                     |                                  |                 |                          |                       |                 |                                                    |                |                   |                |          |                    |                              |                                           |                   |                 |                 |       |           |
| Photocopy of the adi<br>Photocopy of the fee<br>Highschool & Interm<br>Graduation Mark she                                           | receipt<br>ediate Ma                |                                  |                 | Migra<br>Three<br>Affida | ation/le passpayit by | oort siz        | ate<br>er Certi<br>ze pho<br>ets/stuc<br>10 rupees | to<br>dent     | aper)             |                | Af<br>He | ealth C<br>idertal | for Ga<br>ertifica<br>king b | ap (If A<br>ate rev<br>y stude<br>& regul | ealing<br>ents/Pa | majo:<br>arents |                 | ,     |           |
| AKHIL                                                                                                                                | 20                                  |                                  |                 |                          |                       |                 |                                                    |                |                   | 40             |          |                    |                              |                                           |                   |                 |                 |       |           |

SIGNATURE OF PARENT/GUARDIAN



## GOVERNMENT OF KERALA GENERAL EDUCATION DEPARTMENT

SECONDARY SCHOOL LEAVING CERTIFICATE Register Number: 488986 Month & Year: MARCH 2016 No. of Chances: 1

: AKHIL N LENIN Name of Candidate

Name in Regional Language : അഖിൽ എൻ ലെനിൻ

Name of School

ST. JOSEPH'S E M H S THRIKKAKARA

Admission No. 9057

11/08/2000 Date of Birth (in figures) :

ELEVENTH AUGUST TWO THOUSAND (in words) :

MALE

HINDU, EZHAVA 7. Religion & Caste

8. Whether SC/ST/OEC/OBC/GL:

INDIAN 9. Nationality

EDAPPALLY 10. Place of Birth

11. Name of Mother MINI LENIN

LATE N.K.LENIN 12. Name of Father

MINI LENIN 13. Name of Guardian

NIRAVATH HOUSE, EDAPPALLY P.O, 682024, 14. Home Address

ERNAKULAM.

15. Identification Marks

1. A BLACK MOLE ON THE CHEST

2. A BLACK MOLE ON LEFT KNEE Name & Signature of the Head of Scho

Date of Publication of Result: 27/04/2016

Grade | Grade in words Subject BPLUS First Language Paper - I ( MALAYALAM BONLY First Language Paper - II ( MALAYALAM B C+ C PLUS English A ONLY Hindi A C PLUS C+ Social Science C PLUS C+ Physics C PLUS C+ Chemistry C PLUS C+ Biology C CCYLY Mathematics B PLUS R+ Information Technology

This is to certify that the candidate herein has appeared for the SSLC Examination and secured the following grade:

RANGE OF GRADES

|                        | Excellent      | B 60% - 69%<br>C+ 30% - 39%<br>C 40% - 49% | : Above Average              | D | 30% - 39%<br>20% - 29%<br>Below 20% | : Marginal<br>- Need Improvement<br>: Need Improvement |
|------------------------|----------------|--------------------------------------------|------------------------------|---|-------------------------------------|--------------------------------------------------------|
| Eligibility for higher | r studies - Mi | nimum D+ grad                              | e for each paper<br>ELIGIBLE | F | OR HIGHE                            | R STUDIES                                              |

LAL K.I

SECRETARY Board of Public Examinations, Kerala





## भारत सरकार Government of India

## भारतीय विशिष्ट पहचान प्राधिकरण Unique Identification Authority of India

लामांकल क्रम / Enrollment No. : 2003/57319/12430

Akhil Lenin

S/O: Mini Lenin,

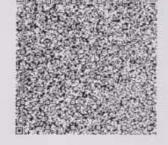
Niravath House, Niravath Parampu,

Thrikkakara,

VTC: Edapally S.O. District: Ernakulam,

State: Kerala, PIN Code: 682024,

Mobile: 9539486350



आपका आधार क्रमांक / Your Aadhaar No. :

5327 7150 6492

मेरा आधार, मेरी पहचान



भारत सरकार Government of India







Akhil Lenin DOB: 11/08/2000

5327 7150 6492

मेरा आधार, मेरी पहचान

