



Equivalency Examination Board

IDENTITY CARD

(To be filled by the Applicant in his/her own handwriting)

Name.....

Address.....

.....

.....PIN

Date of Birth

Academic Year - 200..... to 200.....

Director, KSLMA
(office seal)



Passport Size
Photograph

(for office use only) Admission No.

Application No :
(for office use)



Kerala State Literacy Mission Authority
Kowdiar P.O., Thiruvananthapuram 695 003

ACKNOWLEDGEMENT CARD

(Please fill the following)

D.D. No. : Date :

Amount remitted : Rs. Rupees

.....only

We acknowledge the receipt of your application.

(അപേക്ഷ സ്വീകരിച്ചതായി അറിയിക്കുന്നു)

Director

(കാമീസം സീൽ)

Please affix
Stamp for
Rs. 15/-

To,

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District

Pin.

(Address to be filled by the applicant)