APPLICATION FORM FOR ON-DEMAND EXAMINATION

(To be submitted for appearing in an On-Demand Examination)

Application No.: _____ Date: ____ / ____ / _____

LEARNER DETAILS

1. Full Name (in BLOCK LETTERS): _____
2. Father's/Mother's/Guardian's Name: _____
3. Date of Birth: _____ / _____ / _____
4. Enrollment/Registration No.: _____
5. Learner ID (if applicable): _____
6. Course/Diploma Name: _____
7. Study Centre / Education Partner Code & Name: _____
8. Mobile No.: _____
9. Email ID (if any): _____
10. Correspondence Address:_____

    _____
11. PIN Code: _____

EXAMINATION DETAILS

Examination Type:

☐ Secondary Examination ☐ Senior Secondary Examination

☐ Diploma ☐ Certificate Course

☐ Skill Development Course ☐ Other: _____

- Subject/Course Name:_____
- Preferred Examination Date: _____ / _____ / _____
- Preferred Examination Centre:_____

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(To be submitted before the examination controller)

ELIGIBILITY DECLARATION

I declare that:

☐ I have completed all eligibility requirements prescribed by the organization.

☐ I understand that approval of this application is subject to verification of my eligibility and availability of examination slots.

UNDERTAKING

I hereby apply for permission to appear in the On-Demand Examination. I undertake to:

1. Abide by all examination rules, regulations, and instructions issued by the organization.
2. Maintain honesty and academic integrity during the examination.
3. Not use any unfair means or unauthorized assistance.
4. Accept that the examination schedule may be changed due to administrative or technical reasons.
5. Accept that the decision of the Examination Authority regarding eligibility, conduct of the examination, and declaration of results shall be final and binding.

DECLARATION

I certify that the information furnished in this application is true and correct. I understand that if any information is found to be false, my candidature may be cancelled.

Place: _____

Date: _____ / _____ / _____

Signature of student: _____

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(To be submitted before the examination controller)

OFFICE USE ONLY

Application No.: _____

Eligibility Verified:

☐ Yes

☐ No

Approved Subjects:_____

Examination Date:_____/_____/_____

Examination Centre:_____

APPROVED BY:

Name: _____

Designation: _____

Signature & Official Seal

Date: _____ / _____ / _____