



### 13 Educational Qualification

Qualifying Exam	Name of the Board / University	Percentage of Marks	Year of Passing
X <sup>th</sup> Std			
XII <sup>th</sup> Std			
Under Graduate			
Post Graduate			
Any other Qualification			

#### Declaration

1. I declare that all the information furnished above by me are true to the best of my knowledge and belief and I take full responsibility, if any of the information given above are found to be wrong.
2. I authorize S.Thangapazham free Coaching Centre to make use of my contact No and Email to inform me any of the programme in future.
3. I accept the above declaration.

Place :

Date :

Signature of the candidate

Enclosures : Xerox Copies of Mark sheets

OFFICE USE ONLY

Name of the Candidate :

Roll No :

Admitted On :

Administrative Officer

Co-ordinator