

**Government of Kerala
DEPARTMENT OF
TECHNICAL EDUCATION**

Board of Technical Examinations

**Application for Cancellation of the
Examination Registration**



(Incomplete & Late applications will be summarily rejected.)

Permanent Register Number (Attach Original Hall Ticket with the Application Form)	
Course & Year/Semester of Study	
Branch & Scheme	
Month & Year of Exam	
Examination Type	Regular/ Supplementary/ Improvement/Betterment*
Name of Centre	
Name of Candidate	
Whether the applicant is to appear for the whole examination	Yes/No*
Ground on which cancellation applied. Specify the reasons (Attach necessary documents in this regard)	

**Certified that details furnished by me above are correct.
I wish to cancel my registration for the whole examination.**

Station :

Date :

Name & Signature of the candidate

Certified that the entries are carefully verified and found correct with this office records. Also certified that no malpractice cases are reported against the candidate in the current examination.

Date :

Section Clerk

Principal/Head of Institution

(Office Seal)