

**APPLICATION FOR CORRECTION OF DATE OF BIRTH
IN SCHOOL RECORDS AND CERTIFICATE OF QUALIFICATION**

(To be routed through the Head of the School in which the applicant last studied or is studying)

Educational District Mobile Phone No.
of applicant

<p>1. Details of the applicant whose date of birth is to be corrected</p>	<p>i. Name (in block letters)</p> <p>ii. AddressPIN..... Revenue District</p> <p>iii. Whether belongs to SC/ST : Yes / No (certificate to be enclosed)</p> <p>iv. Name of the parent/guardian</p> <p>v. Place of birth.....</p> <p>vi. If employed, Designation</p> <p>Department</p> <p>Official Address.....</p> <p>.....</p>
<p>2. Details of Certificate in which correction is desired. (Only those completed Std X)</p>	<p>Book/Card No.: Reg. No.: Year :</p>
<p>3. Date of birth</p>	<p>Existing :</p> <p>Proposed :(as per documentary evidence)</p>
<p>4. State whether the present application is within 15 years from the date of leaving the School.</p>	<p>Yes/No</p>
<p>5. If not, details of Government Order condoning delay, in relaxation to Rule 3, Ch. VI of KER. (Original to be enclosed)</p>	<p>G.O. (Rt.) No. Dated</p>
<p>6. Documentary evidence produced for correction of date of birth. (Original to be enclosed)</p>	<p>No. and Date of issue of the Birth Certificate</p> <p>Name of Local Body</p> <p>Name of Revenue District</p>
<p>7. Name and details of the officer attested the copies of the Birth Certificate</p>	<p>.....</p>
<p>8. Details of application fee remitted.</p>	<p>Amount Chalan No..... Date</p> <p>Name of Treasury</p>

10 STATEMENT SHOWING THE PARTICULARS OF EDUCATIONAL INSTITUTIONS ATTENDED FROM STD I TO X						
Sl. No.	Name of School with full postal address including Revenue District and PIN	Name of Educational District in which the school is located	Admission No.	Date of admission	Standard to which admitted	Remarks if any
(1)	(2)	(3)	(4)	(5)	(6)	(7)

DECLARATION

I do hereby declare that the details furnished above are true to the best of my knowledge and belief. I am fully aware that, in case any false information is detected in future at any stage, my application is liable to be rejected and that it is open to the Department to take appropriate action against me including cancellation of certificate.

Place : Name and signature of the Guardian Name and Signature of the Applicant
Date : (Only in the case of Minors)

Certificate

Certified that the details furnished by the candidate have been verified with school records and found correct. Hence I recommend the correction of Date of Birth of

Place : Office Seal
Date : Name & Signature of the Headmaster/Headmistress

IDENTIFICATION CERTIFICATE FROM VILLAGE OFFICER/THAHSILDAR
(Only if the name of applicant differs from the Birth Certificate)

No. Date

Certified that the male/female child born to Shri. and Smt. of (address) on (Date of Birth) and whose birth was registered at Grama Panchayat/Municipality/Corporation with Register No. and date of registration is the person known as

(here enter the full name and address of the person whose date of birth is to be altered). The said person and the holder of the SSLC with Register No. of March/September OR Extract of Admission Register with Admission No. issued by the Headmaster are one and the same person.

Office Seal

Signature

Name and Designation