

ANNEXURE-I

KERALA PUBLIC SERVICE COMMISSION

APPLICATION FOR RE-CHECKING OF OMR ANSWER SCRIPT

(Prescribed fee shall be remitted in any of the treasuries in the State and original chalan receipt attached with this application. For more details refer to the notification publishing Eligibility List or Ranked List relating to the test)

(Space for date stamp of PSC office)

Fill in all columns.

1	Number & Date of Eligibility List/ Ranked List published	
2	Name of Post & Category No.	
3	Name of Department/ Corporation/ Company/ Organization	
4	State-wise/District-wise selection (If District-wise, specify name of District)	
5	Whether applied for rechecking of answer script of this test earlier	
6	Date of OMR test	
7	Register Number for the Test (With prefix such as 'S', 'T', 'Q' etc, if any)	
8	Name & Address of candidate (As given in the Admission Ticket)	
9	Address to which reply is to be sent	
10	Religion & Community as claimed in application	
11	Whether claimed to be Differently Abled (If 'yes', specify whether Blindness/ Low vision, Deaf and Hard of Hearing, Locomotor Disability/ Cerebral Palsy, Intellectual Disability, Multiple Disability etc.	
12.a	Whether included in the Eligibility List/ Ranked List published for the post	
12.b	If included in Ranked List specify Sl. No./ Reg. No. and Rank No.	
13	Particulars of remittance: Amount: Name of Treasury: Chalan No. & Date:	

I hereby apply for rechecking of my answer script for the aforesaid test, and declare that the details furnished above are true to the best of my knowledge and belief.

Place:

Date:

Signature of the candidate