

Kasaragod District School Kalolsavam
(*Details of participant submitted with the appeal order*)

1. Name of the participant in English(Capital Letters) :
2. Admission Number :
3. Class :
4. Male / Female :
5. Name of school :
6. Name of the Item :
7. Item code number :
8. Whether the participant has any other item : Yes / No
9. Name and mobile number of the parent/
Teacher / Head of the institution :

Place :

Date:

Signature of the parent / Teacher / HM/ Principal

For Office use only
(*software appeal entry details*)

Regn Number of the participant :

Remarks if any :