KERALA PUBLIC SERVICE COMMISSION

APPLICATION FOR RECHECKING OF 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 notification publishing the Short List or Ranked List relating to the test)
Fill in all columns.

Space for date stamp of PSC office

1.	Number & Date of Short List/ Ranked List published	
2.	Name of Post & Category No.	
3.	Name of Department/Corporation/ Company/Organisation	
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 written test & Type of test (Descriptive or Objective)	
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 PH. (If 'Yes' specify whether Blind / Deaf or Dumb / Orthopaedically Handicapped)	
12.a 12.b	Whether included in Short List/ Ranked List published for the post 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