

FORM D
SSLC EXAMINATION MARCH 2015

CENTRE CODE

SCHOOL CODE

Name of School.....

Educational District.....

Identification Marks of Candidates (ARC/CCC/BT only)

SI. NO	Admission No.	Name of Pupil	Identification Mark
			1. 2.
			1. 2.
			1. 2.
			1. 2.
			1. 2.
			1. 2.

Station
:

Seal

Signature:

Date:

Name of the Head of Institution: