



ഇവിടെ മുറിക്കുക



REGISTERED PARCEL

Name of Centre :
.....
Centre No :
Name of Subject :
.....
Subject Code :
Date of Examination :

From
The Chief Superintendent/Principal
..... V. H. S. School
.....
.....

To
Principal,
GVHSS Ayyanthole,
Thrissur - 680 003
Phone No: 0487- 2364710
9809039977



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REGISTERED PARCEL

Name of Centre :
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Subject Code :
Date of Examination :

To

**Principal,
GVHSS Puthiyara
Kozhikkode - 673 004
Phone No: 0495 2742392
9895019723**

From
The Chief Superintendent/Principal
..... V. H. S. School
.....
.....



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The Chief Superintendent/Principal
..... V. H. S. School
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To

**Principal,
GVHSS Perunthalmanna
EMS Educational complex
Perunthalmanna P.O
Malappuram 679322
Phone No. 0493- 3226802
9447315372**



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Name of Centre :
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To

**Principal,
TKDM Gvhss Uliyakovil,
Kadappakada. P.O,
Kollam - 691 008
Phone No: 0474 2766690
9447244876**

From
The Chief Superintendent/Principal
..... V. H. S. School
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From
The Chief Superintendent/Principal
..... V. H. S. School
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To

**Principal,
GVHSS Kalamassery,
Ernakulam - 683 104
Phone No : 0484- 2551355
9446739381**



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