



KARNATAKA STATE OPEN UNIVERSITY

MUKTHAGANGOTRI, MYSORE-570 006

In Collaboration with

Algol Universal Trust

Appl
No.

Distance Mode Face to Face Mode Programmes 2013-2014

Application For Admission To.....

Study Centre Name : Study Centre Code :

Admission Cycle: 1st Cycle July 2nd Cycle January

Roll Number :

STUDENT'S PERSONAL INFORMATION (PLEASE FILL IN BLOCK LETTERS)

1. Name :

2. Father/Husband Name :

3. Mother Name :

4. DATE OF BIRTH : ___/___/___
(As Per Mark Card)

5. Karnataka Other State

6. SEX: M/ F

7. NATIONALITY : Indian Non Indian

8. POSTAL ADDRESS OF APPLICANT :

Pin :

9. CONTACT NUMBERS (with STD code) (1) OFFICE: (3) MOBILE:

(2) RESIDENCE: (4) E-MAIL:

10. CATEGORY Tick (✓) box SC ST OBC GENERAL

11. WHETHER Tick (✓) box : PHY. CHALLENGE DEFENCE EX. SERVICEMAN



12. Programme OPTED : 13. Programme Code:

14. Subjects/Papers in which candidate appearing

S.No	Subject Code	Subject/Paper Name

15. Qualifying Examinations Passed

Examination Passed	Board/University	Reg No. & Year of passing	Marks obtained	%Of Marks	Class Obtained

16. Applicants Profession (√) : Full Time/Part Time/Business/Agriculture/Unemployed/Housewife/Retired/ Other

17. Fee payment details

S.No	TYPE OF FEE	AMOUNT (RS.)	Fee Paid DD No:
			Dated : ___/___/___ Branch of remittance : Name of the Bank:
	Total		

Declaration by the Candidate: I acknowledge to have fully read the prospectus and certify that I have understood all the provisions indicated therein. I certify that I am qualified for the Programme as indicated in the prospectus. I hereby certify that all particulars stated by me in application are true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled if I suppress or distort any information furnished in my application. I understand that University reserves the right to modify/ delete the syllabi, Programme structure, rules and regulations, as and when required. I understand fees once paid will not be refunded. I understand that the University reserves the right to cancel the admission without assigning any reason.

Place: _____
 Date: _____ Specimen signature 1. 2.

Signature of the Applicant

Study Centre

I certify that I have personally verified the original certificates and the attached documents including DD's. I certify that the candidate fulfill the eligibility criteria as per Admission Qualification norms prescribed in the prospectus. I shall be held responsible for any kind of litigation with regards to services.

Place:

Date :.....

Study Centre Seal

Signature of Co-ordinator

(For Office Use Only)

AUT

Programme eligibility (Programme/Semester)

Checked by Verified By.....

KSOU

Programme eligibility (Programme/Semester)

Checked by Verified By.....

Note: 1. Candidates are required to attach the following documents with this form:

- a) Attested photocopies of the Certificates/Detailed Marks Cards of the qualifying exams.
- b) Crossed DDs
- c) Identity Card (Duly filled & photograph pasted by the candidate) and attested by Study Centre co-ordinator
- d) Candidates are advised to collect the candidate Copy of the Receipt for Admission from the Study Centre

