



KARNATAKA STATE

OPEN UNIVERSITY

Manasagangotri, Mysore - 570006

In collaboration with Roots

APPLICATION FORM FOR ADMISSION

YEAR 20____ JAN/JULY SESSION

1. STREAM: IT [] MANAGEMENT [] ENGINEERING [] TRADITIONAL [] VOCATIONAL []

2. COURSE NAME _____ SEMESTER _____ STUDY CENTRE CODE _____

3. NAME OF THE APPLICANT

Grid for name of the applicant

4. DATE OF BIRTH

Grid for date of birth (DDMMYY)

5. SEX (M/F)

Grid for sex

6. NATIONALITY

Grid for nationality

7. CASTE

Grid for caste

8. CATEGORY

Table with categories: GENERAL, NORTH EAST, DEFENCE, DGSC, SIKKIM, PF, NRI

9. NAME OF PARENT / GUARDIAN

Grid for name of parent/guardian

10. ADDRESS FOR CORRESPONDENCE

Grid for address for correspondence

STATE

Grid for state

PIN CODE

Grid for pin code

11. STD CODE

Grid for STD code

TELEPHONE NUMBER

Grid for telephone number

12. MOBILE NO.

Grid for mobile number

13. EMAIL ADDRESS

Grid for email address

14. PHOTOGRAPH

Box for photograph with label 'Photo of Applicant'

15. SIGNATURE OF APPLICANT

Box for signature of applicant

16. ACADEMIC DETAILS

QUALIFYING EXAM	SCHOOL / COLLEGE	UNIVERSITY	MONTH & YEAR	MARKS MAXIMUM	MARKS OBTAINED	% OF MARKS	GRADE
10th							
12th							
Graduation							
Post Graduation							
Others							

17. CHECK LIST OF ATTESTED PHOTOCOPIES OF CERTIFICATES & ENCLOSURES ATTACHED

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

18. ELECTIVE STREAM

19. PARTICULARS OF THE TUITION FEE & EXAM FEE PAID

DDs	Amount	DD No.	DD Date	Bank
DD-1				
DD-2				
DD-3				
Total Amt.		Total DDs()		

(ON THE REVERSE SIDE OF THE DEMAND DRAFT, WRITE DETAILS INCLUDING NAME, ADDRESS, Ph. No. AND COURSE OF THE APPLICANT)

20. LATE FEE AMOUNT

DECLARATION BY APPLICANT

I _____ S/D/o _____ seeking admission to _____ course. I hereby acknowledge to have fully read the prospectus and certify that I have understood all the provisions indicated therein. I certify that I'm qualified for the program as indicated in the prospectus. I hereby certify that all particulars as stated by me in the application are true to best of my knowledge & 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 the University reserves the right to modify, delete the syllabi, program structure, rules & regulations as and when required. I understand that fees once paid will not be refunded. I understand that the University reserves the right to cancel the admission without assigning any reason.

Date :

D	D	M	M	Y	Y
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 Place :

Signature of the applicant must be in box

DECLARATION BY STUDY CENTRE (TO BE FILLED BY SC ONLY)

ELIGIBILITY STATUS

1. Eligibility Checked By SC (Y/N)
2. Eligibility Checked Passed (Y/N)
3. Documents verified (Y/N)
4. Photos attached (Y/N)

Study Centre Code

It is hereby certified that I have personally verified the original documents with the particulars given in this application form and found correct as per certificates enclosed. The name of student, father's name, date of birth & other details have been found matching with the matriculation & other certificates.

Date :

D	D	M	M	Y	Y
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 Place :

Signature of Study Center Director / Incharge with Seal

Roll No. (to be allotted by University)