



KARNATAKA STATE OPEN UNIVERSITY

Mukthagangotri, Mysore – 570 006, Karnataka, India
www.ksoumysore.edu.in

To,
The Registrar (Evaluation),
KSOU,
Mukthagangotri, Mysore (Karnataka)

Academic Collaborator: _____

Sub.: APPLICATION FOR DUPLICATE MARKSHEET

1. Applicant's Details:

Reg. No. / Enrol. No.:	_____	
Name	: _____	
Father's Name	: _____	
Mother's Name	: _____	
Address	: _____ _____	
Pincode :	_____ Ph. No.:	_____
Email :	_____	

2. Study Center:

Center Code	: KSOU / _____	
Name	: _____	
Address	: _____ _____	
City :	_____ State :	_____
Pincode :	_____ Ph. No.:	_____
Email :	_____	

3. Details of Particulars of Marksheet:

Sr.No.	Course	Stream	Semester	Session	Result

4. Reason (Indicate briefly the reason for obtaining above Marksheet) :

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5. Details of fees paid : (Rs. 200/- per Marksheet)

DD/Challan No.	DD Date	DD Amount(Rs.)	Bank Name	(DD should be payable at Mysore)

6. Declaration by the Applicant :

- I certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website www.ksoumysore.edu.in from time to time.
- I certify that after being fully satisfied with this course I had decided to get enrolled out of my own free will and desire.
- I further certify that same had been without any inducement and misrepresentation either from the said University or any other person concerned.
- I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner after the completion of the course.
- I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application only I will be held responsible.
- I understand that FEES once paid will NOT be refunded.

7. Seal & Signature of Study Center Coordinator:

8. Seal & Signature of Academic Collaborator:

Signature of the Applicant: _____

INSTRUCTIONS

- DD should be in the Name of "The Finance Officer, Karnataka State Open University", Payable at Mysore.
- Documents required.
 - Original Marksheet to be corrected.
 - For name correction please attach Photo Copy of 10th Marksheet duly attested.

For Office Use

Fees Received: _____

Document verified: _____

Dispatched on References: _____

Signature of Registrar (Evaluation)

Date : _____

FORMAT OF THE AFFIDAVIT (Incise of Lost of Marksheet)
(on Rs. 15/- Judicial Stamp Paper)
Before the Registrar Evaluation, Karnataka State Open University, Mysore.

_____ (Name of the Student) _____ deponent

I, _____, son/ daughter/wife of _____

aged _____ residing at _____

solemnly affirm and state as follows :

1. I say that I have lost the originals of the following Marksheet issued by the Karnataka State Open University, Mysore. I hereby attach the copy of FIR lodged with the police/ (other forms of complaints lodged if any)

Reg No.(Enrollment No.)

Particulars of the Marksheet lost

FIR No.

Particulars of the FIR Report

2. I say that in spite of diligent search I am unable to trace the originals of the aforesaid Marksheets and hence they are taken as lost. If traced, I will produce them before the University.
3. I say that I have not misused the same and I shall not misuse the same if recovered.
4. I say that for the purpose of _____ I need the certified duplicates of the said Marksheet.
5. It is therefore necessary that on the strength of this affidavit certified duplicates are issued to me by the University.
6. All this is true.

Signature of the DEPONENT

Solemnly affirmed and signed before me on this day of _____

_____ Dt _____

NOTARY PUBLIC