



# KARNATAKA STATE OPEN UNIVERSITY

Manasagangotri, Mysore - 570 006, Karnataka, India

&

## Academic Collaborator SCOPE, Bangalore - 24

### CHANGE OF EXAM CENTRE FORM FOR SESSION \_\_\_\_\_ YEAR \_\_\_\_\_ EXAMINATION

1. Enrollment No. / Roll No. of the Student

2. Study Centre Code

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3. Full Name of the Student (As registered with the University)

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4. Father's Name (As registered with the University)

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5. Complete address for Correspondence (Do not repeat name)

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Telephone No. with STD Code

Pincode

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6. Course : \_\_\_\_\_ Stream : \_\_\_\_\_ Semester : \_\_\_\_\_

7. Name of Examination Centre, where the Student requests to be transferred. (Transferee Exam Centre)

8. Bank draft number with details

Bank Name : \_\_\_\_\_ Amount in Rs. : \_\_\_\_\_

DD Number : \_\_\_\_\_ DD Date : \_\_\_\_\_

9. Specimen Signature of the Candidate

10. Certificate by Center Co-ordinator :

Certified that the Enrollment number/Roll number, Name, Examination Particulars have been verified and found correct as per the record.

Signature & Seal of the Centre Head of the  
Study Centre

Date : \_\_\_\_\_

◆ NOTE :

Rs. 1000/- Demand Draft should be made in favour of 'THE FINANCE OFFICER, KSOU', payable at MYSORE, as change of exam centre fees.



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## SCOPE, Bangalore - 24

APPLICATION FOR ADMISSION TO \_\_\_\_\_ PROGRAMMES 2011-2012

Affix a passport size photograph duly signed by the candidate

Enrolment No. (For office use only)

1. Name of the Applicant as in the Marks Card of Standard X exam :

2. Father's / Husband's Name :

3. Mother's Name :

4. Date of Birth :

Date

Month

Year

5. Sex : (✓)

 M  F

6. Nationality :

7. Mother tongue :

8. Complete Address of Student for Correspondence (Do not repeat name) :

City

State

Pin

Contact Number

E-Mail

9. Study Centre Code :

Name of the Centre :

City or Town :

10. Regulation - R1

R2

BPP

MPP

11. Course Applied For :

Stream :

Sem :

Year :

Specialization/Elective

12. OPTIONAL PAPER ( FOR BA COURSE)

1.

2.

3.

13. Demand Draft Details

D.D Number

Amount

D.D Date

Name of the Bank

14. Educational Qualification (10th Onwards) :

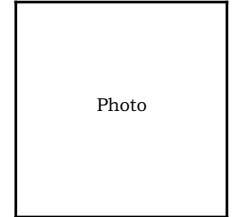
Examination Passed	Month & Year of Passing	Subject	Percentage of Marks	Name of the Board/University

◆ **Check List :**

- Date of Birth Certificate/Proof     X th Marksheet     X th Passing Certificate  
 XII th Marksheet (PCM)     XII th Passing Certificate  
 Diploma Final sem./year Marksheet     Diploma Passing /Provisional Certificate.  
 I.T.I./NCVT./MCVC Marksheet & Certificate  
 Any Other Supporting Document

**UNDERTAKING BY THE STUDENTS**

To,  
The Dean Academics  
Karnataka State Open University  
Manasagangotri, Mysore  
Karnataka - 06



Sir/Madam,

This is to declare that, I \_\_\_\_\_ Son /Daughter of \_\_\_\_\_ have taken admission in \_\_\_\_\_ programme in (January/ July) 200 \_\_\_\_ in \_\_\_\_\_ Stream under Karnataka State Open University. And I assure that all the documents enclosed related to my qualification regarding the admission are genuine and authentic.

I say and submit that I am under going \_\_\_\_\_ programme of Karnataka State Open University, Mysore to gain and enhance my knowledge and Academic value and I may not get advantage in teachings job.

I say and submit that to gain and enhance my knowledge and Academic value I want to Join \_\_\_\_\_ programme / academic course of Karnataka State Open University, Mysore and further advancement of my professional career.

In the event of suppression or distortion of any fact like educational qualification, documents related to nationality and study period etc. made in my application form, I understand that my admission is liable to be cancelled.

I am eligible for the examination as per the rules and regulations of the university. I shall be responsible for the consequences if the information filled by me is found incorrect. If I am found ineligible for admission to a class, at any stage my application will be rejected even if my result has been finally declared and consequently such result also would be void.

I further say and submit that even if I do not get any advantage of said course after its completion, I hereby undertake not to hold the above University, its Institute or any other person responsible in any manner for getting no benefit of said course. I say and declare that above course advanced by said University is only for enhancement of my knowledge and nothing more and with that clear understanding I joined the said course at my own risk and cost. I further say that I have gone through the prospectus of said University and I am fully satisfied with contents of the same.

I also undertake not to claim any damage for the same.

Whatever is stated hereinabove is true and correct to my own knowledge and belief.

**Place :** \_\_\_\_\_

**Signature of the Candidate**

**Date :** \_\_\_\_\_

**Enrollment No./Roll No.** \_\_\_\_\_

**UNDERTAKING BY THE STUDY CENTRE**

This is to certify that Mr./Ms./Mrs \_\_\_\_\_ Son / Daughter / Wife \_\_\_\_\_ is a student registered from our Study Centre. The photo pasted on this form depicts his /her current appearance correctly. I have personally checked all the documents enclosed herewith. I attest that all the entries are correct. I, as well as the candidate, Know that if his/her result is finally not declared due to ineligibility, I and the students shall bear fully responsible for rejection and not the University.

**Seal & Signature of the centre Incharge**