## KARNATAKA STATE



## **OPEN UNIVERSITY**

Appi No.

Manasagangotri, Mysore - 570 006.

In Collaboration with  Bharath Postgraduate College  8, Karpagambal Nagar, Mylapore, Chennai -600 004.	Stamp Size Photo		
Application for Admission ToProgram	mmes 20	- 20	
- STUDENT'S PERSONAL INFORMATION (PLEASE FILL IN BLO	OCK LETTI	ERS)	
1. NAME OF STUDENT	2.ROLL	NO.	
3. DATE OF BIRTH (As Per Marks Card)	4. KAR	ANATAKA	OTHER STATE
5. PROGRAMME OPTED		Semeste	er
6. PLACE OF BIRTH & DISTRICT			
7. MOTHER TONGUE			
8. SEX : MALE FEMALE			
9. NAME OF FATHER / GUARDIAN / HUSBAND			
10. NAME OF MOTHER		11. NATIONALIT	TY INDIAN NON INDIAN
12. POSTAL ADDRESS OF APPLICANT	R0	a a	
13 . CONTACT NUMBERS (1) OFFICE	(3) MOBIL	.E	
(with STD code) (2) RESIDENCE	(4) E-MAI	L	
14. CATEGORY Tick box SC ST OBC GM 15. A	NNUAL INC	COME	
16. WHETHER Tick box PHY. CHALLENGED DEFI	ENCE	EX. SERVICE	MAN
		Pa	apers offered
17. ADMISSION CYCLES 1ST CYCLE JANUARY 2ND CY	CLE JULY	1.	
18. QUALIFYING EXAMINATIONS PASSED		2.	
Examination Board/University Reg. No. & Marks % of	Class	3.	
Passed Year of Passing Obtained Marks	Obtained	4.	
		5.	1
		6.	
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	time service	Part time service	Business	Agriculture	Un employed	House Wife	Retired	Other
		HE STUDY CENT				2		
SL.		T DETAILS (KSO TYPE OF FEE	U SHARES)	AMOUNT (Rs.)		FEE PAID	D.D NO.	
1.	PROGRAMN	ME/TUTION FEE		- Contrary		DATE	ED .	20
2.	REGISTRATI	ION FEE	88 · 14					
3.		Y/NRI/FOREIGN FEE FOR NON-KARN.			F	BRANCH OF REMITTANCE		
4.	PENAL FEE	19				NAME OF	THE BANK	
5.	EXAMINATI	ON FEES	82	展				
2.	FEE PAYN	MENT DETAIL	S (PARTN	ERSHIP IN	STITUTIO	N SHARES) FEE PAID	D.D NO.	
SL. NO	7	TYPE OF FEE		AMOUNT (Rs.)				
	PROGRAMM	E/TUTION FEE	& LAB FEE			DATE	ED	
	Total					BRANCH OF RE	MITTANCE	
						NAME OF	THE BANK	
PE(	CIMEN SIGN	ATURE 1.			2,			
Pla	ice:			2	2	¥	Ser.	
Da	ite:					Signatur	e of the Ap	onlicant

## **ENCLOSURES**

- (i) Qualifying or equivalent Marks Cards (Attested)
- (ii) Transfer Certificate (Original)
- (iii) Caste Certificate (for Karnataka Students) (Attested)
- (iv) Four Stamp Size Photographs (Write your name & application no.
- on back side of the photo)



## KARNATAKA STATE OPEN UNIVERS... MYSORE

ADMISSION FORM

Appl. No.

YEAR: 20...... 1st / 2nd SESSION

Please read carefully IMPORTANT INSTRUCTIONS TO CANDIDATES before filling up. (No column should be left blank) (WRITE IN BLOCK LETTERS)

The state of the s	Story of Wallering Story and Services Company (Alberta)	
Name of the Program	For Official Use o	only
Sem / Year Roll No		
Study Center Code Senairs	···	
Study Center Name		
1) Name of the Candidate		ATTACH HERE PASSPORT SIZE PHOTOGRAPH
2) Father's Name		DO NOT DEFACE
3) Guardian's Name (If Applicable) Relationship		IT
4) Date of Birth (dd/mm/yyyy) 5) M	Male / Female M for Mal	e, F for Female
6) General (GEN) /SC/ST/OBC/Physically Handicapped (PH)		
7) Permanent Address City State	Pin	
8) Correspondence Address City State State	Pin	
9) Communication Numbers (with STD Code) (O) (R)	(M)	
10) E-mail Address		
11) Academic Qualification  Exam, Passed University/Board/Institute	Year	Class(%)

<sup>●</sup> Study Center Code available on BPGC website http://www.ksouedu.com. ●(Attach certified / attested photocopies of all qualifying Certificates affer verification of originals and certification by study Center co-ordinator).

emand Drafts (DD) Details :	
n favour of <b>Finance Officer, KSOU payable at</b> Mysore	
Crossed Bank Draft No Date Amount	(Rs.)
Bank Name	
b) In favour of Bharath Postgraduate College payable at Chennai	
Crossed Bank Draft No Date Amount	(Rs.)
Bank Name	
(in case of late fee, please add the late fees amount to Bharath Postgraduate College)	
Candidates are advised to write their Name, Application No, Study Center Code & S Programme applied for, without fail, at the back of the Bank Drafts.	tudy Center Name and
b) List of documents attached (Please fill without fail)	
1 2	
3	
13 Lateral entry to which programme (if applicable) (Proof of entry qualification to be attached)	
Elective Stream opted	
(For M.Sc.(IT) 3rd Semester and MCA 5th Semester lateral entry candidates only. P stream once chosen cannot be changed)	lease note that Elective
<b>Declaration by the Candidate</b> : I acknowledge to have fully read the prospectus and certify that provisions indicated therein. I certify that I am qualified for the program as indicated in the prosper particulars stated by me in application are true to the best of my knowledge and belief. I understand that cancelled if I suppress or distort any information furnished in my application. I understand that University delete the syllabi program structure, rules and regulations, as and when required. I understand fees one understand that the University reserves the right to cancel the admission without assigning any reason.	ctus. I hereby certify that all t my admission is liable to be reserves the right to modify/
Place :	
Date : Signature of the Cano	lidate
STUDY CENTRE  I certify that I have personally verified the original certificates and the attached documents including D fulfill the eligibility criteria as per Admission Qualification norms prescribed in the prospectus. I shall be hitigation with regards to services.	D's I certify that the candidate leld responsible for any kind o
Place :	
Date : Study Centre Seal Signature of	f the Candidate
BPGC (FOR OFFICE USE ONLY)	
Program eligibility (Program / Semester)	
Checked byVerified By	
KSOU	
Program eligibility (Program / Semester)	
1986 (1977)   1977   19	

- a) Attested photocopies of the Certificates/Detailed Marks Cards of the qualifying exams.
- b) Crossed DDs (2nos).
- c) IdentityCard (Duly filled & photograph pasted by the candidate) and attested by study center co-ordinator d) Candidates are advised to collect the candidate Copy of the Receipt for Admission from the Study Centers.