

**FORM -A : APPLICATION FORM FOR ADMISSION**

REGISTER NUMBER					
<input type="text"/>					
CENTRE CODE					
<input type="text"/>					
2014-15					

Admission to II/III YEAR UG/PG COURSES

- ❖ *This application must be used only if the ONLINE APPLICATION of the concerned student was not displayed in our online website.*
- ❖ *The application is not considered if the double the duration of the course is completed.*

**AFFIX A STAMP
SIZE PHOTO OF
THE CANDIDATE
HERE**

Name of the Candidate (In Block Letters)								
Father's Name								
Course		Course Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Subject/Combination								
Year of the course (II/III Yr)								
Languages (for II BA,BCom,BSc)		Lang-1 (Specify):				Lang-2: English		
Medium of Exam								
Name of Study Centre								
Address for communication (Do not repeat Name & Father's Name here)								
District		State				PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Phone Number				Cell No.				
Date of Birth		Day		Month		Year		
Nationality								
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> (Tick the appropriate box)							
Caste Group	SC	ST	OBC	GEN		Physically Challenged	PHC	VHC
Occupation						Annual Income		
Details of Fee Paid	Amount	Challan/Receipt Number			Date	Drawn on Bank		
	₹							

DECLARATION

I hereby solemnly and sincerely affirm that the statement made and information furnished in my application submitted by me are true. Should it, however be found that the information furnished therein is not actually true, I know that I am liable for prosecution and forfeiture of the admission.

Date:

Place:

Signature of the Applicant

FOR OFFICE USE ONLY

"Verified the above information & Fee payment details"



**KUVEMPU UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION**

JNANA SAHYADRI, SHANKARAGHATTA-577451, SHIMOGA DISTRICT, KARNATAKA

FORM – B : EXAMINATION APPLICATION FORM- 2014-15 (FOR FRESHERS)

Register Number							
Name of Study Centre							
Name of Exam Centre (write only place name)							

**AFFIX A STAMP
SIZE PHOTO OF
THE
CANDIDATE
HERE**

Course (BA/BSc/BCom/BBM)	Course Code					
Subject/Combination						
Year of the course (II/III Yr)						
Medium of Exam						

Details of the Candidate

List of Papers of the Courses with Paper Code Numbers

(Against each paper, If not appearing write NA and if appearing, write APP)

SL	PAPER CODE NO.	TITLE OF THE PAPER	NA/APP
1			
2			
3			
4			
5			
6			
7			
8			
9			
Total Number of papers appearing			

Attest Xerox copies of marks cards of ALL PREVIOUS exams to be enclosed

Note: The candidate should enter his/her name in the name column and it should be same as entered in the admission application, as this will be entered in the Marks Card and Degree Certificate. The Kuvempu University, Directorate of Distance Education will not be responsible for entering the name wrongly.



KUVEMPU UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
JNANA SAHYADRI, SHANKARAGHATTA-577451, SHIMOGA DISTRICT, KARNATAKA

**H**

HALL TICKET -2014-15 (FOR FRESHERS)

Register Number	<input type="text"/>						
Name of Study Centre							
Name of Exam Centre (for office use only)							

**AFFIX A STAMP
SIZE PHOTO OF
THE CANDIDATE
HERE**

Course (BA/BSc/BCom/BBM)							
Subject/Combination							
Year of the course (II/III Yr)							
Medium of Exam							

Details of the Candidate

Name	<input type="text"/>																	
	<input type="text"/>																	
Date of Birth	D	D	M	M	Y	Y	Y	Y									M	F
	<input type="text"/>																	
Age	<input type="text"/>		Sex	<input type="text"/>														

List of Papers of the Courses with Paper Code Numbers

(Against each paper, If not appearing write NA and if appearing, write APP)

SL	PAPER CODE NO.	TITLE OF THE PAPER	NA/APP
1			
2			
3			
4			
5			
6			
7			
8			
9			
Total Number of papers appearing			

Signature of the Candidate

Date