Year of Admission

Roll / ID Card No.

	•			A' FOR APPEA	RING)
_	F	irst	Year	Examination	
			A/P	Subject	Month & Year
	Group I Lang	L1 L2			
L					
				FHS	
	Group II			FST	
				ICHRES	
	0	O1			
	Group III	O2			
	Optional	O3			
Ī		•	•	BPP	
Second Year Examination					
			A/P	Subject	Month & Year
	Group I Lang	L1			
		L2			
				FIT	
	Group II			FCA	
		01			
	Group				

## KARNATAKA STATE OPEN UNIVERSITY MANASAGANGOTRI, MYSORE - 570 006

APPLICATION FOR EXAMINATION

FIRST / SECOND / THIRD YEAR B.A. OF MAY - JUNE / OCTOBER-NOVEMBER 20				
Mobile No:	REGULATION	Affix		
Landline No:	R1 R2	Stamp Size Photo here		
Email ID:	Γick (a) whichever is applicable	Frioto fiere		
1. Name of the Examination Centre:				
2. Name of the Candidate (in block letters): (as in qualifying examination records)				
3. Permanent Postal Address with pin code (In block letters)				

Pin Code:

4. Mark (A) to which you belong:

SC ST CAT CAT	CAT	CAT	CAT	GM
SC SI I IIA	IIB	IIIA	IIIB	GIVI

Karnataka State Open University, Mysore

Name of the Bank & Place of Remittance .. Class: I / II / III Year Name of the Course B. A

Roll No:

KSOU-500-EXAMINATION FUND SBI-31106997538 SBM-54035420128

ORIGINAL

SBM, Manasagangotri, Mysore - 06 SBI, New Sayyaji Rao Road, Mysore-01

Name and Address of the Student

Code No: 501: Examination Fee Penal Fee Change of Centre Fee

Amount (in words) Rupee

Note: Fees once paid will not be Refunded.

Date: Signature of the Remitter For the use of the Bank The Amount of Rupees (in words)..... has been received /

Challan No. Signature of the Officer Date & Bank Seal receiving the money

Third Year Examination

Please Furnish Title of the paper without fail

 $\Pi\Pi$ 

Optional

Group

AOC

02

O 3

CS/

Marketing/OOM

will be issued

Group III Option	A/P	Subject	Title of the Paper	Month & Year
O <sub>3</sub>				
O <sub>4</sub>				
O <sub>5</sub>				
O <sub>3</sub>				
O <sub>4</sub>				
O <sub>5</sub>				
O <sub>3</sub>				
O <sub>4</sub>				
O <sub>5</sub>				

UNIVERSITY COPY	O <sub>5</sub>	
Not to be seperated from the Form		
Karnataka State Open University, Mysore	Karnataka State Open University, Mysore	Karnataka State Open University, Mysore
	Name of the Bank &	Name of the Bank &
	Place of Remittance	Place of Remittance
Name of the Course B. A Class: I / II / III Year	Name of the Course B. A Class: I / II / III Year	Name of the Course B. A Class: I / II / III Year
Roll No:	Roll No:	Roll No:
KSOU-500-EXAMINATION FUND SBM-54035420128 SBI-31106997538 Duplicate	KSOU-500-EXAMINATION FUND SBM-54035420128 SBI-31106997538	KSOU-500-EXAMINATION FUND SBM-54035420128 SBI-31106997538 Ouadruplicate
SBM, Manasagangotri, Mysore - 06	SBM, Manasagangotri, Mysore - 06 SBI, New Sayyaji Rao Road, Mysore-01	SBM, Manasagangotri, Mysore - 06 SBI, New Sayyaji Rao Road, Mysore-01
Name and Address of the Student	Name and Address of the Student	Name and Address of the Student
Penal Fee : Change of Centre Fee : Fotal Amount (in words) Rupees	Code No:  Sol: Examination Fee Penal Fee Change of Centre Fee Total  Amount (in words) Rupees  Note: Fees once paid will not be Refunded.	Code No:  501: Examination Fee Penal Fee Change of Centre Fee Total Amount (in words) Rupees  Note: Fees once paid will not be Refunded.
Date: Signature of the Remitter	Date: Signature of the Remitter	Date: Signature of the Remitter
For the use of the Bank	For the use of the Bank	For the use of the Bank
The Amount of Rupees (in words)	The Amount of Rupees (in words)	The Amount of Rupees (in words)
has been received /	has been received /	has been received /
Challan No.	Challan No.	Challan No.
Date & Signature of the Officer	Date & Signature of the Officer	Date & Signature of the Officer
- ····· · · · · · · · · · · · · · · · ·	Bank Seal receiving the money	Bank Seal receiving the money
To be retained with the receiving bank	Receiving Bank should send this copy to the Finance Officer, KSOU, Manasagangotri, Mysore-06	Student copy to be retained by the student. No seperate receipt

KSOU, Manasagangotri, Mysore-06



5. Sex: Male / Female		6. Medium: Kannada / English			
6. Year in which Candidate completed	BPP Exam Appear / Not	I Year	II Year	III Year	
the Programme					
7. Details of fees paid:					
Year	Amount Paid	Name of the Bank	Challan No.	Date	
I Year					
II Year					
III Year					

Place:	Date:	Signature of the Candidate
Accepted / Rejected	FOR OFFICE USE ONLY	
Scrutinized by		Checked by
<del>-</del>		_

I declare that the above information furnished by me is correct to the best of my knowledge.

## IMPORTANT INSTRUCTIONS TO BE FOLLOWED BY THE CANDIDATE

- 01. Please read carefully the instructions given in the application & as well as in the fee circular and prospectus before filling the application.
- 02. IT IS COMPULSORY FOR THE CANDIDATE TO ENCLOSE ATTESTED PHOTO COPIES OF THE PREVIOUS YEAR MARKS CARDS WITHOUT FAIL.
- 03. The application along with the Examination Fee Paid Challan(original) and Admission Fee paid challan (Photo Copy) should be submitted on or before the due date (without or with penal fee as prescribed in the fee circular). Otherwise, the application will NOT be registered for examination.
- 04. Freshers, who have enrolled for I, II or III year B.A. course in the current academic year should compulsorily pay the examination fee in full and must appear for all the subjects / papers in their respective class.
- 05. Incomplete applications are liable to be rejected.
- 06. The prescribed examination fee should be remitted in the bank through the challan printed in the examination form.
- 07. Examination Fees Once paid will not be readjusted / refunded under any circumstances.
- 08. Regarding the rates of Examination Fees, separate Circular is enclosed.
- 09. For all instructions pertaining to the examination Dates, Centres, Assignments, Time Table, Announcement of Result, Convocation Dates etc., please see the KSOU Website:www.ksoumysore.edu.in.
- 11. The filled-in application should be submitted to the REGISTRAR (EVALUATION), Karnataka State Open University, Manasagangotri, Mysore 570 006.
- 12. MOBILE PHONES ARE STRICTLY PROHIBITED IN THE EXAMINATION HALL.