



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

--	--	--

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

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

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

Telephone No. with STD Code

Pincode

--	--	--	--	--	--	--

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.