



KARNATAKA STATE OPEN UNIVERSITY, MYSORE

NEW 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)

Name of the Program

Sem/Year

Study Center Code

For Official Use only

Roll No.

Serial No.

Study Center Name

1) Name of the Candidate

2) Father's Name

3) Guardian's Name
(If Applicable) Relationship

4) Date of Birth (dd/mm/yyyy) 5) Male/Female M for Male, F for Female

6) General(GEN) /SC/ST/OBC/Physically Handicapped (PH)

7) Age in Years (as on 01/07/10) 8) Regulation RI RII [For BA/B.Com.]

9) Mention if Self or Guardian is an employee of KSOU/VET Y for Yes, N for No

10) Languages Opted (BA ONLY)	Lang-1	English	Lang-2	Hindi
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11) Subjects Opted (BA ONLY)	Opt-1		Opt-2	
	Opt-3			I.C.H.R & E.S

12) Permanent Address

City State Pin

13) Correspondence Address

City State Pin

14) Communication Numbers (withSTDCode) (O)

(R) (M)

15) E-mail Address

16) Academic Qualification

Exam. Passed	University/Board/Institute	Year	Class(%)
.....
.....
.....

**ATTACH HERE
PASSPORT SIZE
PHOTOGRAPH**

**DO NOT DEFACE
IT**

● Study Center Code available on VET website <http://www.vet.pctiltd.com>. ● (Attach certified / attested photocopies of all qualifying certificates after verification of originals and certification by Study Center co-ordinator).

13) Demand Drafts (DD) Details :

a) In favour of **Finance Officer, KSOU payable at Delhi/New Delhi**

Crossed Bank Draft No Date Amount (Rs.)

Bank Name

b) In favour of **Virtual Education Trust payable at Delhi / New Delhi**

Crossed Bank Draft No Date Amount (Rs.)

Bank Name

(in case of late fee, please add the late fees amount to Virtual Education Trust Demand Draft)

Candidates are advised to write their Name, Application No, Study Center Code & Study Center Name and Programme applied for, without fail, at the back of the Bank Drafts.

14) List of documents attached **(Please fill without fail)**

1 2

3 4

15) **Lateral entry** to which programme (if applicable) Semester
(Proof of entry qualification to be attached)

16) Elective Stream opted

(For M.Sc.(IT) 3rd Semester and MCA 5th Semester lateral entry candidates only. Please note that Elective stream once chosen cannot be changed)

Declaration by the Candidate : I acknowledge to have fully read the prospectus and certify that I have understood all the provisions indicated therein. I certify that I am qualified for the program as indicated in the prospectus. I hereby certify that all particulars stated by me in application are true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled if I suppress or distort any information furnished in my application. I understand that University reserves the right to modify/delete the syllabi, program structure, rules and regulations, as and when required. I understand fees once paid will not be refunded. I understand that the University reserves the right to cancel the admission without assigning any reason.

Place:.....

Date:.....

Signature of the Candidate

STUDY CENTRE

I certify that I have personally verified the original certificates and the attached documents including DD's. I certify that the candidate fulfill the eligibility criteria as per Admission Qualification norms prescribed in the prospectus. I shall be held responsible for any kind of litigation with regards to services.

Place:.....

Date:

Study Centre Seal

Signature of Co-ordinator

(FOR OFFICE USE ONLY)

VET

Program eligibility (Program / Semester).....

Checked by.....Verified By.....

KSOU

Program eligibility (Program / Semester).....

Checked by.....Verified By.....

Note: 1. Candidates are required to attach the following documents with this form:

- a) Attested photocopies of the Certificates/Detailed Marks Cards of the qualifying exams.
- b) Crossed DDs (2nos).
- c) Identity Card (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.



CANDIDATE COPY

(To be given to the candidate)

KARNATAKA STATE OPEN UNIVERSITY, MYSORE
RECEIPT FOR ADMISSION FORM

Study Center Name Date.....
Received Admission Form Sl. No. ProgramSemester
Name & Address of the Candidate.....
.....
Phone No. Email
along with crossed Bank DD No..... Dated.....Amount.....
Name of the Bank.....in favour of Finance Officer payable at Delhi/
New Delhi and second crossed Bank DD. No.....Dated.....Amount.....
Name of the Bankin favour of Virtual Education Trust,
payable at Delhi/ New Delhi.
Enclosures : 1. Certificates (.....Nos.) 2. DDs (2 Nos.) 3. Identity Card

Signature of the candidate

(To be filled by candidate)

Authorized Signatory



STUDY CENTER COPY

(To be retained by the Study center)

KARNATAKA STATE OPEN UNIVERSITY, MYSORE
RECEIPT FOR ADMISSION FORM

Study Center Name Date.....
Received Admission Form Sl. No. ProgramSemester
Name & Address of the Candidate.....
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Phone No. Email
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Signature of the candidate

(To be filled by candidate)

Authorized Signatory