

KARNATAKA STATE



OPEN UNIVERSITY

Appl. No.

Manasagangotri, Mysore - 570 006.

In Collaboration with

Bharath Postgraduate College

8, Karpagambal Nagar, Mylapore, Chennai -600 004.

Stamp Size Photo

Application for Admission To.....Programmes 20 - 20

STUDENT'S PERSONAL INFORMATION (PLEASE FILL IN BLOCK LETTERS)

|   |  |  |                          |  |        |                 |  |                          |             |  |            |
|---|--|--|--------------------------|--|--------|-----------------|--|--------------------------|-------------|--|------------|
| 1. NAME OF STUDENT                      |  |  |                          |  |        | 2.ROLL NO.      |  |                          |             |  |            |
| 3. DATE OF BIRTH<br>(As Per Marks Card) |  |  |                          |  |        | 4. KARNATAKA    |  |                          | OTHER STATE |  |            |
| 5. PROGRAMME OPTED                      |  |  |                          |  |        |                 |  |                          | Semester    |  |            |
| 6. PLACE OF BIRTH & DISTRICT            |  |  |                          |  |        |                 |  |                          |             |  |            |
| 7. MOTHER TONGUE                        |  |  |                          |  |        |                 |  |                          |             |  |            |
| 8. SEX : MALE                           |  |  | <input type="checkbox"/> |  | FEMALE |                 |  | <input type="checkbox"/> |             |  |            |
| 9. NAME OF FATHER / GUARDIAN / HUSBAND  |  |  |                          |  |        |                 |  |                          |             |  |            |
| 10. NAME OF MOTHER                      |  |  |                          |  |        | 11. NATIONALITY |  |                          | INDIAN      |  | NON INDIAN |

12. POSTAL ADDRESS OF APPLICANT

|  |               |            |
|--|---------------|------------|
| 13. CONTACT NUMBERS<br>(with STD code) | (1) OFFICE    | (3) MOBILE |
|  | (2) RESIDENCE | (4) E-MAIL |

14. CATEGORY Tick  box SC ST OBC GM 15. ANNUAL INCOME

16. WHETHER Tick  box PHY. CHALLENGED DEFENCE EX. SERVICE MAN

|                      |                   |                |                |  |
|----------------------|-------------------|----------------|----------------|--|
| 17. ADMISSION CYCLES | 1ST CYCLE JANUARY | 2ND CYCLE JULY | Papers offered |  |
|                      |                   |                | 1.             |  |

18. QUALIFYING EXAMINATIONS PASSED

| Examination Passed | Board/University | Reg. No. & Year of Passing | Marks Obtained | % of Marks | Class Obtained |
|--------------------|------------------|----------------------------|----------------|------------|----------------|
|                    |                  |                            |                |            | 4.             |
|                    |                  |                            |                |            | 5.             |
|                    |                  |                            |                |            | 6.             |
|                    |                  |                            |                |            | 7.             |

**19. APPLICANT'S PROFESSION**

|                   |                   |          |             |             |            |         |       |
|-------------------|-------------------|----------|-------------|-------------|------------|---------|-------|
| Full time service | Part time service | Business | Agriculture | Un employed | House Wife | Retired | Other |
|-------------------|-------------------|----------|-------------|-------------|------------|---------|-------|

**20 . NAME OF THE STUDY CENTRE & CODE**

**21 . FEE PAYMENT DETAILS (KSOU SHARES)**

| SL. NO | TYPE OF FEE  | AMOUNT (Rs.) |
|--------|--|--------------|
| 1.     | PROGRAMME / TUTION FEE   |              |
| 2.     | REGISTRATION FEE   |              |
| 3.     | ELIGIBILITY/NRI / FOREIGN STUDENTS (ELIGIBILITY FEE FOR NON-KARNATKA ONLY) |              |
| 4.     | PENAL FEE  |              |
| 5.     | EXAMINATION FEES   |              |

FEE PAID D.D NO.

DATED

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BRANCH OF REMITTANCE

NAME OF THE BANK

**22. FEE PAYMENT DETAILS (PARTNERSHIP INSTITUTION SHARES)**

| SL. NO | TYPE OF FEE                      | AMOUNT (Rs.) |
|--------|----------------------------------|--------------|
|        | PROGRAMME / TUTION FEE & LAB FEE |              |
|        | <b>Total</b>                     |              |

FEE PAID D.D NO.

DATED

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BRANCH OF REMITTANCE

NAME OF THE BANK

SPECIMEN SIGNATURE

|    |    |
|----|----|
| 1. | 2. |
|----|----|

Place:

Date:

**Signature of the Applicant****ENCLOSURES**

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



# KARNATAKA STATE OPEN UNIVERSITY, 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)

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) Permanent Address

City  State  Pin

8) Correspondence Address

City  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(%) |
|----------------------------|--------------|----------------------------|------|----------|
| .....                      |              |                            |      |          |
| .....                      |              |                            |      |          |
| .....                      |              |                            |      |          |

**ATTACH HERE  
PASSPORT SIZE  
PHOTOGRAPH**

**DO NOT DEFACE  
IT**

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

(Please turn overleaf)

12) Demand Drafts (DD) Details :

a) In favour of **Finance Officer, KSOU payable at 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 & Study Center Name and Programme applied for, without fail, at the back of the Bank Drafts.**

b) List of documents attached (Please fill without fail)

- 1 .....
- 2 .....
- 3 .....
- 3 .....

13 Lateral entry to which programme (if applicable)       Semester

(Proof of entry qualification to be attached)  
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 the Candidate

**(FOR OFFICE USE ONLY)**

**BPGC**

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) 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.