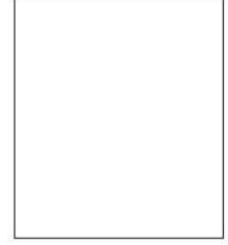




ಕರ್ನಾಟಕ ರಾಜ್ಯ ಮಾಧ್ಯಮಿಕ ಮತ್ತು ಉನ್ನತ ಶಿಕ್ಷಣ ಮಂಡಳಿ
**Karnataka State Council of Intermediate and
Higher Education**



Application For The Course : _____

Specilzation (1) _____ Specilzation (2) _____

Counselor Name: _____ Branch Code: _____

Full Name in Block Letters

(First Name)

(Middle Name)

(Last Name)

Date Birth : [Day / Month / Year]

Male

Female

Married

Unmarried

Citizen

Father's Name

Husband's Name

(First Name)

(Middle Name)

(Last Name)

Address for Correspondence:

Permanent Address:

Telephone Numbers: (Home) _____ (MOBILE) _____

Email :

Website

Academic details :

Examinations taken [Please mention in chronological order including examinations with results pending]

Degree	Name of Institution / College / School	Exam Date		Subjects Specialization	Results, Grades Percentage
		Month	Year		

Amount of Fees Paid : Rs.

In Words _____

Declaration By The Candidate :

I certify that all information provided on this application form is complete and accurate.

Signature : _____ **Date :** _____

Xerox copy of marks sheets and certificates in proof of all examinations passed should be attached. The application form along with the bank draft should be sent to the institute by courier / speed post, Xerox copy of this application form can be used for more than one application. Please keep a xerox copy of this application form for your record and reference. Fees once paid is non refundable under any circumstances. In case the bank refuses to clear the cheque due to any reason, the student will have to pay Rs. 500/- as cheque bounce charge.