



**KARANATAKA STATE OPEN UNIVERSITY**  
**MANASAGANGOTRI, MYSORE – 570 006**  
**AND**  
**SHARADA VIKAS TRUST**  
**JAYANAGAR, BANGALORE – 560 011**

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**ADMISSION FORM FOR FRESH REGISTRATION**

20 \_\_\_\_\_ 1<sup>st</sup>/2<sup>nd</sup> Cycle

Application No.(Computer Generated) \_\_\_\_\_

(Please read carefully **IMPORTANT INSTRUCTIONS TO APPLICANTS** before filling-up. No column should be left unfilled. Write neatly.)

Course : \_\_\_\_\_ Semester: \_\_\_\_\_ Study Center Code: \_\_\_\_\_

Name of the Study Center: \_\_\_\_\_

1.NAME OF THE APPLICANT: \_\_\_\_\_

(As in marks card; Any change to be authenticated)

2.Father's/Guardian's Name(Relationship) : \_\_\_\_\_

3.Date of Birth: \_\_\_\_\_

4. Sex: Male / Female

5. SC/ST/OBC/PH-(Physically Handicapped) Attach Proof: \_\_\_\_\_

6.Correspondence Address: \_\_\_\_\_

PIN : \_\_\_\_\_

7.Communication Numbers      Mobile: \_\_\_\_\_      E-mail: \_\_\_\_\_  
 (Should not be left Blank)      (Should not be left Blank)

8.ACADEMIC QUALIFICATION: (Should not be left Blank)

Exam. Passed	University/Board/Institute	Year	% Marks

8.1 Subjects (Should not be left Blank)

Sl. No.	Subject Code	Subject
1.		
2.		
3.		
4.		
5.		
6.		

Note: Application with “No” subject information will be “Rejected”

**9.DD PARTICULARS:**(a) In favour of **Sharada Vikas Trust.**, Payable at Bangalore.(DD for KSOU)

Crossed D.D. No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Amt. Rs. : \_\_\_\_\_

Name and Place of the Bank: \_\_\_\_\_

(b) In favour of **Sharada Vikas Trust.**, Payable at Bangalore.(DD for SVT)

Crossed D.D. No.: \_\_\_\_\_ Dated: \_\_\_\_\_ Amt. Rs. : \_\_\_\_\_

Name and Place of the Bank: \_\_\_\_\_

(Rs. \_\_\_\_\_ without Penal fee &amp; Rs. \_\_\_\_\_ with penal fee, for late submission)

The following details on the back of the Bank Drafts have to be written :

Name, Application No., Study Center Name and Programme applied for.

**10.Entry programme** (if Applicable) \_\_\_\_\_ Semester

(Proof of eligible entry qualification to be attached)

**Note:**

- Candidates are advised to collect the 'Student Copy' of the Receipt for Admission from the Study Centers, as it is their only proof for having submitted the application.**
- Staple the copies of documents keeping them in the following order: DDs/Admission Form/Copy of Certificates & Or Marks Cards.**

**Declaration:**

I have carefully gone through the prospectus and agree to abide by the Rules &amp; Regulation of the University.

I also authenticate and take responsibility for all my Certificates furnished by me.

Verified the filled-in Application, including DDs.

**Date:****Signature of the candidate****STUDY CENTER:** Verified the filled-in Application, Original Certificates and the attached documents including DDs.

(Seal of Study Center)

Authorized Signatory of Study Center

**SHARADA VIKAS TRUST**

Course eligibility(Programme/Semester) \_\_\_\_\_ Verified by \_\_\_\_\_

Checked by \_\_\_\_\_

Authorized Signature with seal

**KSOU**

Course eligibility(Programme/Semester) \_\_\_\_\_ Verified by \_\_\_\_\_

Checked by \_\_\_\_\_

Authorized signature with seal



KARANATAKA STATE OPEN UNIVERSITY

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SHARADA VIKAS TRUST®

STUDENT COPY

(to be given to the student)



Receipt for Admission Form

Name of the Study Center \_\_\_\_\_

Date \_\_\_\_\_

Received Fresh/Re-Registration Admission Form for Course \_\_\_\_\_ Semester for 20 \_\_\_\_\_ 1<sup>st</sup>/2<sup>nd</sup> Cycle

Name & Address of the Candidate \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

**DD Particulars**

1. In favour of **Sharada Vikas Trust.**, Payable at Bangalore.(**DD for KSOU**)

Name and Place of Bank \_\_\_\_\_ DD No. \_\_\_\_\_

Dated : \_\_\_\_\_ Amount \_\_\_\_\_

2. In favour of **Sharada Vikas Trust.**, Payable at Bangalore.(**DD for SVT**)

Name and Place of Bank \_\_\_\_\_ DD No. \_\_\_\_\_

Dated : \_\_\_\_\_ Amount \_\_\_\_\_

**Enclosure: Certificates (\_\_\_\_ Nos) DDs , Stamp-size Photographs (1 nos.)**

Signature of the Student

(to be filled by Student)

Authorised Signature of SC



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STUDY CENTER COPY

(to be retained by Study Center)



Receipt for Admission Form

Name of the Study Center \_\_\_\_\_ Date \_\_\_\_\_

Received Fresh/Re-Registration Admission Form for Course \_\_\_\_\_ Semester for 20 \_\_\_\_\_ 1<sup>st</sup>/2<sup>nd</sup> Cycle

Name & Address of the Candidate \_\_\_\_\_

Phone No. \_\_\_\_\_ Email \_\_\_\_\_

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Signature of the Student

(to be filled by Student)

Authorised Signature of SC