



KARNATAKA STATE OPEN UNIVERSITY

MANASAGANGOTRI, MYSORE-570006

REPEATERS APPLICATION FORM

FIRST/SECOND/THIRD/FOURTH/FIFTH/SIXTH SEMETERS

(WHICH EVER IS APPLICABLE) EXAMINATIONS OF

)

Note: 1) Please read carefully the instructions given overleaf before filling up the application form as well

Instructions in the fees circular.

2) Strike off whichever is not applicable.

Roll Number : _____																
1. Name of the Candidate (In block letters as registered in KSOU)									Sex	M/F						
2. Name of the Father / Husband / Guardian																
3. Address in full (In block letters with telephone (O / R) No.)																
4. Name of the Study Centre						Study Centre Code			Place of the study Centre							
5. Subjects / papers for which to appear – (indicate Year and Month of passing previous examinations is any) “ P ” for Pass and “ A ” for appearing.																
A/P	Paper code	Title of paper (1 st semester)	Year & Month		A/P	Paper code	Title of paper (2 nd semester)	Year & Month		A/P	Paper code	Title of paper (3 rd semester)	Year & Month			
A/P	Paper code	Title of paper (4 th semester)	Year & Month		A/P	Paper code	Title of paper (5 th semester)	Year & Month		A/P	Paper code	Title of paper (6 th semester)	Year & Month			
6. Payment Details				DD No.		DD Date		DD Amount		DD Bank						

I declare that the information furnished above by me is correct to the best of my knowledge.

Place :

Date :

Signature of the candidate

Study centre :

Checked and forwarded

Seal

Date:

Signature of the Co-ordinator of the Study Centre

SVT:

Checked and forwarded

Seal

Date:

Signature

KSOU

Registered by:

Signature

Verified by:

Signature