

KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

POST GRADUATE DIPLOMA / DIPLOMA / CERTIFICATE COURSE

Form No.Ex-16

(FD:200)	1ST SEMESTER/ANNUAL SESSION	
	2ND SEMESTER SESSION	
NAME OF	THE STUDY CENTRE:	
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1. Enrolme	Passport size photograph	
2. Name of	the Candidate: (in BLOCK letters only)	to be
		pasted
		pusteu
	First Name Middle Name Last Name) []
	Tuot Italie Italie Zast Italie	Full signature of the Candidate
3. Father's	Name: (in BLOCK letters only)	
4. Mother's	Name: (in BLOCK letters only)	
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5. Complet	e Address ·	
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PIII ;	relephone/ Mobile No	
6. Caste (√): General : SC : ST : ST (Hills) : ST (Plain)	; OBC ; MOBC
7. Sex: Ma	ale ; Female ;	
8. Papers to	o be appeared in Examination :*	
(i)	(;;)	
	(ii)	
(111)	(iv)	
9. Examina	ation Passed: : Degree ; Diploma	; Certificate
	(Marksheet of the Last Examination to be attache	ed)

* (Name of Papers to be written Clearly)

The Controller of Examinations K.K. Handiqui State Open University Housefed Complex, Dispur, Guwahati-6

Sir,	
	I hereby present myself as a candidate for the ensuing PGD/D/C Examination
	of Krishna Kanta Handiqui State Open University.

If any of the statements made and particulars furnished in the application is found to be not true or if it appears that in the opinion of the University, I have contravened any of the provisions of the rules and regulations of the University relating to the PGD/D/C examination, my admission to the Examination will be liable to be cancelled.

The fees shown hereunder are forwarded herewith --

Programme	Examination fee	Marksheet fee	Centre fee	Total
PGDMC, PGDHRM, DJMC		50/-	300/-	
DCWE, DTM, PGDTHM		50/-	300/-	
DCHN, CCA, CMPR		50/-	300/-	
DHM, CMRAE, CMREDA		50/-	300/-	
PGDBM, PGDCA		50/-	300/-	

Yours obediently

Date: (Full signature of the candidate)

CO-ORDINATOR'S CERTIFICATE

I certify that the candidate named above is a duly enrolled student in PGD/D/C programme

____Course)of this Study Centre and that --

- 1. He/she has completed the requirements to appear in PGD/D/C Examination.
- 2. His/her conduct has been good.

OSD (Examination)

- 3. He/she has filled in the particulars himself/herself and put his/her signature in the application in my presence and I believe the subjoined accounts are true.
- 4. I know nothing against his/her moral character.
- 5. He/she has not availed of more than 4 chances of appearing in Examination.

Date:	Seal	Signature
Accepted/ Not accepted		Name : Co-ordinator