



KRISHNA KANTA HANDIQUE STATE OPEN UNIVERSITY

POST GRADUATE DIPLOMA / DIPLOMA / CERTIFICATE COURSE

SESSION _____

Form No.Ex-16

NAME OF THE STUDY CENTRE :

1. Enrolment Number : (as in enrolment certificate)

2. Name of the Candidate : (in BLOCK letters only)

First Name

Middle Name

Last Name

Passport size
photograph
to be
pasted

↑
Full signature of
the Candidate

3. Father's Name : (in BLOCK letters only)

4. Mother's Name : (in BLOCK letters only)

5. Complete Address :

Pin : _____ Telephone/Mobile No. _____

6. Caste (✓): General ; SC ; ST ; ST (Hills) ; ST (Plain) ; OBC ; MOBC

7. Sex : Male ; Female

8. Papers to be appeared in Examination :*

(i) _____ (ii) _____
(iii) _____ (iv) _____

9. Examination Passed: : Degree ; Diploma ; Certificate

(Marksheet of Qualifying Examination to be attached)

* (Name of Papers to be written Clearly)

To,

The Controller of Examinations
K.K. Handique 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 Handique 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/-	200/-	250/-
DCWE, DTM, PGDTHM		50/-	200/-	250/-
DCHN, CCA, CMPR		50/-	200/-	250/-
DHM, CMRAE, CMREDA		50/-	200/-	250/-

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.
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

Name :

Co-ordinator

Accepted/ Not accepted

OSD (Examination)