KARNATAKA STATE OPEN UNIVERSITY

Mukthagangotri, Mysore - 570 006

M.Sc/MBA/LLM/MBA LAW/MTM..... / First/Second/Third/Fourth Semester Examination of.....20....

Instructions : Entries must be filled by the candidates himself / herself in**English Capital Letters.
Single Mark (*) is for shading the appropriate circle completely. e.g - ●

Medium : Kannada ◯ English ◯

**Register Number

1.* Year of Admission -

5.*Sex : Male ◯ Female ◯

2.*Name of the Examination Center

3.*Name of the Candidate (As per SSLC)

4.*Address of the Student for Correspondence (Do not write name again)

Pin code

6.*Category

SC	ST	CAT-I	OBC	P.H	GM
◯	◯	◯	◯	◯	◯

7.*M.Sc / MBA/LLM /MBA LAW/ MTM

I ◯ II ◯ III ◯ IV ◯

8. **Telephone Numbers (with STD code)

Residence 0

Mobile +91

Subjects/Papers for which to appear - Please shade the appropriate circle in front of subject appearing for the Examination.

A/P : A - Appearing P - Passed

M.Sc in Environment Science & Technology ◯ M.Sc in Geography ◯ M.Sc in Clinical Nutrition & Dietetics ◯ M.Sc Computer Science ◯
M.Sc in Mathematics ◯ M.Sc in Physics ◯ M.Sc in Chemistry ◯ M.Sc Information Technology ◯ M.Sc in Biochemistry ◯
M.Sc in Biotechnology ◯ M.Sc in Microbiology ◯ MBA ◯ LLM ◯ MTM ◯ MBA LAW ◯

A/P	Subjects / Paper (FIRST SEMESTER)		If passed write year & month	A/P	Subjects / Paper (SECOND SEMESTER)		If passed write year & month
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	
A/P	**Subjects / Paper (THIRD SEMESTER)**		**If passed write year & month**		**Subjects / Paper (FOURTH SEMESTER)**		**If passed write year & month**
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	
		◯				◯	

KARNATAKA STATE OPEN UNIVERSITY
Mukthagangotri, Mysore - 570 006

8. Details of the fee paid :				
Year	**Amount Paid**	**Name of the Bank**	**D.D/ Journal No.**	**Date**
I Semester				
II Semester				
III Semester				
IV Semester				

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

Place..... ..... Date .....

.....
Signature of the Candidate

Accepted / Rejected

FOR OFFICE USE ONLY

.....
Scrutinized by

.....
Checked by

IMPORTANT INSTRUCTIONS TO BE FOLLOWED BY THE CANDIDATES

1. The filled-in application should be submitted to The Registrar (Evaluation)., Karnataka State Open University, Muktagangotri, Mysore - 570 006, within the stipulated date.

Karnataka State Open University, Mysore

Name of the Bank &
Place of Remittance.....

Name of the Course -.....

Roll No :

KSOU-500-EXAMINATION FUND

SBM : 54035420128 SBI : 31106997538

ORIGINAL

SBM, Mukthagangotri, Mysore - 06 Code - 40166
SBI, New Sayyaji Rao Road, Mysore - 01 Code - 3130

Name and Address of the Student

Amount Rs.

501 : Examination Fee :
Penal Fee : :
Change of Centre Fee :

Amount (in words) Rupees .....

Note : Fees once paid will not be Refunded.

Date : Signature of Remitter

For the use of the Bank

The Amount of Rupees (In words).....

.....
has been received /
Challan No.
Date &
Bank Seal

Signature of the Officer
receiving the money

UNIVERSITY COPY
Not to be separated from the Form

Karnataka State Open University, Mysore

Name of the Bank &
Place of Remittance.....

Name of the Course - .....

Roll No :

KSOU-500-EXAMINATION FUND

SBM : 54035420128 SBI : 31106997538

Duplicate

SBM, Mukthagangotri, Mysore - 06 Code - 40166
SBI, New Sayyaji Rao Road, Mysore - 01 Code - 3130

Name and Address of the Student

Amount Rs.

501 : Examination Fee :
Penal Fee :
Change of Centre Fee :

Amount (in words) Rupees .....

.....

Note : Fees once paid will not be Refunded.

Date : Signature of Remitter

For the use of the Bank

The Amount of Rupees (In words).....
.....
has been received /
Challan No.
Date &
Bank Seal

Signature of the Officer
receiving the money

To be retained with the receiving bank

Karnataka State Open University, Mysore

Name of the Bank &
Place of Remittance.....

Name of the Course - .....

Roll No :

KSOU-500-EXAMINATION FUND

SBM : 54035420128 SBI : 31106997538

Triplicate

SBM, Mukthagangotri, Mysore - 06 Code - 40166
SBI, New Sayyaji Rao Road, Mysore - 01 Code - 3130

Name and Address of the Student

Amount Rs.

501 : Examination Fee :
Penal Fee :
Change of Centre Fee :

Amount (in words) Rupees .....

.....

Note : Fees once paid will not be Refunded.

Date : Signature of Remitter

For the use of the Bank

The Amount of Rupees (In words).....
.....
has been received /
Challan No.
Date &
Bank Seal

Signature of the Officer
receiving the money

To be sent to State Bank of Mysore, Mukthagangotri Branch, Mysore-570006 and State Bank of India, New Sayyaji Roa Road, Mysore.-1, by the receiving Bank along with M.T. and Statement.

Karnataka State Open University, Mysore

Name of the Bank &
Place of Remittance.....

Name of the Course -.....

Roll No :

KSOU-500-EXAMINATION FUND

SBM : 54035420128 SBI : 31106997538

Quadruplicate

SBM, Mukthagangotri, Mysore - 06 Code - 40166
SBI, New Sayyaji Rao Road, Mysore - 01 Code - 3130

Name and Address of the Student

Amount Rs.

501 : Examination Fee :
Penal Fee :
Change of Centre Fee :

Amount (in words) Rupees .....

.....

Note : Fees once paid will not be Refunded.

Date : Signature of Remitter

For the use of the Bank

The Amount of Rupees (In words).....
.....
has been received /
Challan No.
Date &
Bank Seal

Signature of the Officer
receiving the money

Student copy to be retained by the student.
No separate receipt will be issued.