



KARNATAKA JANAPADA VISHWA VIDYALAYA

Gotagodi, NH-4, Shiggavi Tq. Haveri Dist - 581 197

EXAMINATION APPLICATION FORM

(To be filled in Block letters as per S.S.L.C. Marks Card)

(Certificate Course/P.G. Diploma)

Reg. No.																			
P.G.Month & Year of Exam.....																			
1. Name of the Candidate.....										Photo									
2. Father's Name.....																			
3. Mother's Name.....																			
Date of Birth								Age				Sex:M/F							
4. Caste		SC	ST	Cat-I	Cat-IIA	Cat-IIB	Cat-IIIA	Cat-IIIB	GM										
5. Address for Communication.....										E-Mail:									
.....										Telephone No. (With Code)									
.....																		
.....Pin																Mobile:.....			

6. Details of fee Paid:

(a) Exam fee: Rs.....(b) Fine Rs.....(c) Convocation fee Rs.....

(d) Marks Card fee. Rs.....(e) Other fee: Rs.....

Total fee Paid: Rs.....(Rupees.....

.....only)

(1) D.D/Receipt No:.....Date.....

7. Subject/Paper Now appearing:				
Paper	Subject/Paper	QP Code	Subject/Paper	QP Code
1				
2				
3				
4				
5				

Certified Xerox copies of Marks Cards enclosed

Certified that the information furnished above are verified and found to be correct.

Signature of the Candidate

Signature of the Registrar (Evaluation)