



KARNATAKA SANSKRIT UNIVERSITY

PAMPAMAHAKAVI ROAD, CHAMARAJPET, BENGALURU-18

EXAMINATION APPLICATION FORM

6741

(BA/MA./MPHIL/PHD/CERTIFICATE/DIPLOMA/
ADVANCE DIPLOMA /SAHITYA)

Please Tick (✓)the appropriate one

Paste your recent
passport size
photo
to be attested
by Principal / HM

1. NAME OF THE CANDIDATE :
IN BLOCK LETTERS IN ENGLISH (AS IN SSLC MARKS CARD)
2. NAME OF THE FATHER :
3. NAME OF THE MOTHER :
4. DATE OF BIRTH (Enclose Proof) : Age
5. NATIONALITY : RELIGION : CASTE: SC/ST/OBC/GENERAL
(Caste Certificate should be attached)
6. Name of the College / School :
7. SUBJECT :
8. YEAR : I/II/III/I SEM/II SEM/III SEM / IV SEM / Not Applicable
(Please Tick (✓)the appropriate one)
9. DETAILS OF PREVIOUS EXAM QUALIFIED (Enclose Proof :

Registration Number	Name of the Course	Year of Passing	Name of the College

P.T.O.

KARNATAKA SANSKRIT UNIVERSITY

PAMPAMAHAKAVI ROAD, CHAMARAJPET, BENGALURU-18

6741

HALL TICKET

REGISTRATION NO.

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NAME OF THE CANDIDATE

COURSE (BA or MA etc.) YEAR (I Sem or I Year etc.)

SUBJECT (Alankara or Vyakarna etc.)

Name of the Center and Code :

(Details below to be filled by the Invigilator)

Paste your recent
passport size
photo
to be attested
by Principal / HM

Date of the Exam									
Time of the Exam									
Signature of the Invigilator									

Signature of Principal / Head Master

Signature of the Registrar

10. DETAILS OF EXAM APPEARING :

SL NO	NAME OF THE COURSE (SAHITYA/BA/MA/CERTIFICATE/DIPLOMA/ADVANCE DIPLOMA)	SUBJECT (VYAKARANA / ALANKARA / ETC)	PAPER CODE	TITLE OF THE PAPER
1.				
2.				
3.				
4.				
5.				
6.				

11. FEE DETAILS

AMOUNT	D.D. NO.	DD DATE	BANK NAME AND BRANCH

Signature of the Candidate

This is to certify that s/o has acquired the required attendance to appear for exam and he has been issued a receipt for the exam fee has paid.

Signature of the Dean / Director of academic affairs / Principal / Head Master

KARNATAKA SANSKRIT UNIVERSITY

BANGALORE

EXAM TICKET

6745
1110

DATE YOUR PRINT
SIGNATURE
NAME OF THE CANDIDATE
COURSE
SUBJECT
NAME OF THE COLLEGE AND LOCATION
(To be filled by the Candidate)

REGISTRATION NO.
NAME OF THE CANDIDATE
COURSE
SUBJECT
NAME OF THE COLLEGE AND LOCATION
(To be filled by the Candidate)