



KARNATAKA SANSKRIT UNIVERSITY

PAMPAMAHAKAVI ROAD, CHAMARAJPET, BENGALURU-18

APPLICATION FORM

APPLIED FOR (BA/MA.SAHITYA/CERTIFICATE/DIPLOMA/
ADVANCE DIPLOMA / MPHIL/PHD).
(Tick the appropriate one)

Paste your recent
passport size
photo

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. College of Study :
7. SUBJECT :
8. YEAR : I/II/III/I SEM/II SEM/III SEM / IV SEM / Not Applicable
(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

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

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

Signature of Principal

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

