KAKATIYA UNIVERSITY

School of Distance Learning and Continuing Education (SDLCE)

DIRECTORATE OF ADMISSIONS

APPLICATION FORM FOR ADMISSION INTO BACHELOR DEGREE IN

MANAGEMENT ◯ COM.SCIENCE ◯ EDUCATION ◯ OTHERS ◯

Photograph

1. Particulars of Demand Draft(s) enclosed towards Registration Fee

D.D.No:_____ Date: _____Rs._____

Bank: _____

2. Name of the applicant (IN CDAPITAL LETTERS)

Surname	Full Name	3. Sex	
		Male	Female

Father's Name_____

Mother's Name_____

Address_____

_____

_____

Pin:_____Tel.No.with Std Code:_____

Mobile No._____E.Mail_____

4. Date of Birth			
Day	Month	Year	

5. Residential Status (Put √ mark)

Local	Non Local	Other State	Foreign

6. Admission (Name of Stream)

7. Reservation Category: (Put √ mark in appropriate box (Enclose attested copies)

SC	ST	LBC						PH		
		A	B	C	D	E	F	VH*	HI*	OH*

NCC			SPORTS			Children of Armed Personnel	**8. Minority Community to which You belong (Put √ Mark)**		
Priority - I (International)	Priority-II (National)	Priority-III (State)	Interna-tional	National	Inter University		Muslim	Christian	Any other

9. Details of academic record: Details of Qualifying Examinations: (Enclose attested copies)

Name of the Qualifying exam.	Branch/ Subject	Board/College/ University	Year of Passing	Overall % of Marks (all years of study
10th Cass				
10+2 Level				
Other				

DECLARATION AND UNDERTAKING

I hereby declare that I have carefully read the rules for admission eligibility and am aware of the instructions / requirements. I am also aware of the rules of conduct and discipline laid down by the University and I agree to abide by them. I understand and declare that I shall be responsible for any discrepancies, errors of wrong or incorrect information supplied by me in this application form and for cancellation of admission at a later stage if found disqualified.

I undertake to furnish the necessary certificates / documents in original along with a true copy of each of them as and when asked for, failing which I understand that my eligibility and admission stands automatically cancelled and that the fees paid will not be refunded.

I hereby declare that the information given in this form is true and correct to the best of my belief and knowledge.

Place:
Date:

Signature of the Student

For Office Use Only

Eligible / Not Eligible
Any Remark:
.....
.....
.....

Document Enclosed: (Put √ mark in appropriate box (Enclose attested copies)

01. Photocopy of pass certificate of Intermediate ☐
02. Photocopy of Marksheet of 10th and Intermediate ☐
03. Photocopy of Character Certificate ☐
04. Photocopy of Cast Certificate (If Required) ☐
05. Four Passport size Photographs ☐

Signature of the Student

For Office Use Only

01. Enrollment No	:	
02. Roll No	:	
03. Batch No	:	
04. Session	:	

CERTIFICATE OF IDENTITY

This is to certify that .....

Son / Daughter of ..... and his/her

signature was taken in my presence and he/she bears the following Identification Marks :

Attested Latest Passport size Photo of the Candidate should be affixed here

01. .....

02. .....

Center Name : .....

Address : .....

Signature of Center Head With Seal	Signature of the Regional Coordinator With Seal	Director School of Distance Education

Note:
1. The Photos should be affixed and attested by the Regional Coordinators both in the Application Form and Certificate of Identity in both original and duplicate.
2. The Regional Coordinator's signature should be right across the photos extending over the blank