



# KARNATAKA STATE OPEN UNIVERSITY, MYSORE

## NEW ADMISSION FORM

YEAR : 20 \_\_\_\_ 1st / 2nd SESSION

Please read carefully IMPORTANT INSTRUCTIONS TO CANDIDATES before filling up  
(No Column should be left blank) (WRITE IN BLOCK LETTERS)

Name of the Program : _____ Year / Sem : _____ Study Centre Code : _____ Study Centre Name : _____ 1. Name of the Candidate : _____ 2. Father's Name : _____ 3. Guardian's Name : _____ (If Applicable) Relationship : _____ 4. Date of Birth (dd/mm/yyyy) : _____ 6. General (GEN) / SC/ST/OBC/Physically Handicapped (PH) : _____ 7. Age : _____ 10. Languages Opted (BA Only) <table border="1" style="display: inline-table; margin-right: 20px;"> <tr><td>Lang-1</td><td>English</td></tr> <tr><td>Opt-1</td><td></td></tr> <tr><td>Opt-3</td><td></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>Lang-2</td><td>Hindi</td></tr> <tr><td>Opt-2</td><td></td></tr> <tr><td></td><td>I.C.H.R &amp; E.S.</td></tr> </table>	Lang-1	English	Opt-1		Opt-3		Lang-2	Hindi	Opt-2			I.C.H.R & E.S.	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>For Official Use Only</b>            Roll No. : _____            Serial No. _____         </div> <div style="border: 1px solid black; padding: 5px;">           ATTACH HERE            SELF ATTESTED            STAMP SIZE            PHOTOGRAPH             DO NOT DEFACE            IT         </div>				
Lang-1	English																
Opt-1																	
Opt-3																	
Lang-2	Hindi																
Opt-2																	
	I.C.H.R & E.S.																
5. Male / Female : _____ M for Male, F for Female 8. Regulation : <input type="checkbox"/> RI <input type="checkbox"/> RII (For BA/B.Com.) 9. Mention if Self or Guardian is an employee of KSOU / ZAD: _____ Y for Yes, N for No																	
12. Permanent Address : _____ _____ City _____ State _____ PIN _____																	
13. Correspondence Address : _____ _____ City _____ State _____ PIN _____																	
14. Communication Numbers (with STD Code) : (O) _____ (R) _____ (M) _____																	
15. E-mail : _____																	
16. Academic Qualification <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Exam Passed</th> <th style="width: 40%;">University/Board/Institute</th> <th style="width: 20%;">Year</th> <th style="width: 20%;">Class (%)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Exam Passed	University/Board/Institute	Year	Class (%)												
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• Study Center Code available at website <http://www.zadglobal.net> • (Attach certified / attested photocopies of all qualifying certificates after verification of originals and certification by Study Center Co-ordinator.)

(Please turn overleaf)

17. a) In favour of **Finance Officer, KSOU payable at Delhi / New Delhi**

Crossed Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Amount Rs. \_\_\_\_\_

Bank Name \_\_\_\_\_

b) In favour of **ZAD INSTITUTE OF IT & MANAGEMENT PVT. LTD. Payable at Rohtak**

Crossed Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Amount Rs. \_\_\_\_\_

Bank Name \_\_\_\_\_

(In case of late fee, please add the late fees amount to Demand Draft)

**Candidates are advised to write their Name, Application No., Study Center Code & Study Center Name and Programme applied for, without fail, at the back of the Bank Drafts.**

18. List of documents attached **(Please fill without fail)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

19. **Lateral entry** to which programme (if applicable) : \_\_\_\_\_ Semester : \_\_\_\_\_  
**(Proof of entry qualification to be attached)**

20. Elective Stream Opted : \_\_\_\_\_

**(For M.Sc. (IT) 3rd Semester and MCA 5th Semester lateral entry candidates only. Please note that Elective stream once chosen cannot be changed)**

**Declaration by the Candidate :** I acknowledge to have fully read the prospectus and certify that I have understood all the provisions indicated therein. I certify that I am qualified for the program as indicated in the prospectus. I hereby certify that all particulars stated by me in application are true to the best of my knowledge and belief. I understand that my admission is liable to be cancelled if I suppress or distort any information furnished in my application. I understand that University reserves the right to modify / delete the syllabi, program structure, rules and regulations, as and when required. I understand fees once paid will not be refunded. I understand that the University reserves the right to cancel the admission without assigning any reason.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the candidate

STUDY CENTRE

I certify that I have personally verified the original certificates and the attached documents including DD's. I certify that the candidate fulfill the eligibility criteria as per Admission Qualification norms prescribed in the prospectus. I shall be held responsible for any kind of litigation with regards to services.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Study Centre Seal

Signature of Co-ordinator

**(FOR OFFICE USE ONLY)**

ZAD INSTITUTE OF IT & MANAGEMENT

KSOU

Program eligibility (Program / Semester) : \_\_\_\_\_

Checked by : \_\_\_\_\_ Verified by : \_\_\_\_\_

KSOU

Program eligibility (Program / Semester) : \_\_\_\_\_

Checked by : \_\_\_\_\_ Verified by : \_\_\_\_\_

**Note : Candidates are required to attach the following documents with this form :**

- a) Attested photocopies of the Certificates / Detailed Marks Cards of the qualifying exams.
- b) Crossed DDs (2nos.)
- c) Self attested two photograph and attested by study center co-ordinator.