



# KARNATAKA STATE OPEN UNIVERSITY

Manasagangotri, Mysore - 570 006, Karnataka, India

## & SCOPE, Bangalore - 24

**RE-SITTING FORM FOR DECEMBER/JUNE**

**EXAMINATION**

1. Enrollment No. / Roll No. of the Student

2. Study Centre Code

3. Full Name of the Student (As registered with the University)

\_\_\_\_\_

4. Father's Name (As registered with the University)

\_\_\_\_\_

5. Complete address for Correspondence (Do not repeat name)

\_\_\_\_\_

Telephone No. with STD Code \_\_\_\_\_

Pincode

6. Name and code number of subject in which candidate is re-sitting:

Number of theory subjects

Number of practical subjects

COURSE	STREAM	SEMESTER	PAPER CODE	NAME OF THE SUBJECT

7. Bank draft number with details

Bank Name

Amount in Rs.

DD Number

DD Date

### Declaration By the Applicant

- I Certify that I have read and understood all the provisions indicated in the prospectus and the Circulars published in the website [www.ksoukarnataka.com](http://www.ksoukarnataka.com) from the time to time.
- I Certify that after being fully satisfied with this course I have decided to get enrolled out of my own free will and desire.
- I further certify that same is done without any inducement and misrepresentations either from the said University or other person concerned.
- I shall abide by this undertaking and shall not hold anybody responsible for the same in any manner either during running of course or on its Completion.
- I hereby certify that all the particulars stated in this application are true to the best of my knowledge & belief. In the event of suppression or distortion of any fact made in my application form, I understand that my admission is liable to be cancelled. I understand that university has the right to add/delete/change the syllabi, course structure, rules & regulations as and when required, as per change in environment.

8. Certificate by Center Co-ordinator:

Certified that the Enrollment Number, Name, Examination Particulars have been verified and found correct as per the word.

Signature & Seal of the Center Head of the Study center

Study Center Code

Specimen Signature of the Candidate

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

**Note :- Last Date for submitting re-sitting applications. (Calendar of Events already given on Universities website)**