

**UNIVERSITY OF KERALA
SCHOOL OF DISTANCE EDUCATION**

Application for Registration toYear/Semester Degree/Diploma/Certificate
Course (SDE) Examination (month) (year)

Enrolment No.

Register No. (office use)

1. Centre and place of Examination (only affiliated colleges/approved centres)

2. Name of the candidate as entered in the qualifying certificate (in capital letters)

Mother tongue	English	Initials	Expansion of initials

3. Age and Date of Birth Male / Female

4. Religion, Community and sub division if any

5. Whether belongs to SC/ ST/ OBC/ OEC, specify

6. Name of Father / Mother / Guardian with relationship

7. Place of birth, Taluk, District

8. Scheme of examination..... Year of admission

9. Examination for which the candidate appears now
..... year/semester Degree/Diploma/Certificate examination in (Subject)

Part	Paper	Subject

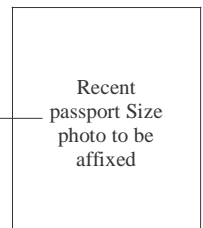
10. Whether opted for Essay/Project (for final year candidates only)

11. Details of all previous appearances

Chance	Centre & Place	Reg. No. & Year	Passed / Failed	Class
I II				
III				
IV				

12. Permanent Address (with pin code) Communication Address (with pin code)

Tel. No. _____



13. Name and official address of the Identifying Officer/
Dated signature of the identifying officer* on the
Photograph (office seal)

* Applicable if the candidate is appearing for the supplementary examination. Principals of recognized colleges/Gazetted Officers / Headmasters of High Schools/Members of Senate are authorised to sign

14. Details of Post Graduate examination passed/Degree already possessed by the candidates

University	Subject	Reg. No.	Month & Year of Examination

15. If the candidate is appearing for improving the class furnish Reg. No. & year of exam. of previous appearance

Chance	Previous Exam	Class	Final Exam	Class
I				
II				

16. Details of qualifying examination passed by the candidates

Board/University	Subject	Examination	Reg. No.	Month & Year

17. If the basic qualification is from any other University/Board, details of Recognition granted from the University

Sanction No. date

18. The year in which and the college through which the candidate was registered as a matriculate of this University (see instructions)

19. Whether Hall Ticket of the candidate was withheld previously Yes No If Yes, Name of exam, Centre, Place, Register No. & Year _____

20. Details of fee remitted

Name of the Bank Kerala University Cash counter Friends
 Demand Draft / Pay in slip No. Amount Date of remittance

I hereby declare that the entries made above are true to the best of my knowledge and that they have been made in my own handwriting.

Place _____

Date _____ Signature of the candidate

CERTIFICATE

I hereby certify that the name and the date of birth of the candidate as entered in the application have been verified by me and that I have found them to agree with those in his/her SSLC/equivalent/qualifying certificate. The candidate has been matriculated in this University in the year reference no.

This is to certify that Sri/ Smt.... belongs to SC/ST/Backward community/OBC/OEC and is appearing for the examination for the first/second consecutive chance. The Director, Scheduled Caste Development Department/District Development Officer concerned has been requested to sanction the examination fee (strike Off whichever is not applicable). Serial number of the candidate in the list forwarded by the Director for reimbursement of examination fee from Scheduled Caste Development Department.

Date _____ Office seal _____ Signature of Director _____

For office use

Name of Section : Signature of Asst.: Signature of SO:

UNIVERSITY OF KERALA

HALL TICKET

All columns except Register Number to be carefully filled in by the candidate

See Page No. 4. for Instructions

..... year / Semester Degree / Diploma / Certificate Examination (SDE) in.....
..... (month) year

Register No. (office use)

Centre and Place of Examination (In Capital Letters)	
Name of the candidate (In Capital Letters)	

Permanent Address with pin code

Communication Address with pin code

PIN _____

PIN _____

Recent passport Size photo to be affixed

Parts, Papers, Subjects including improvement/ re-appearance for which candidate is registered

Part	Paper	Subjects Improvement/Reappearance	Subjects Regular appearance

Special subjects/ Elective/ Optional if any

Total number of papers registered

.....

(in figures) (in words).....

Name and Official address of the Identifying Officer

(Dated signature on the Photograph)

Signature of the candidate
(to be signed before the Identifying Officer)

