UNIVERSITY OF KERALA

Application for Registration University Examinations – Gulf Centres

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(Please read instructions in page 4,5 &6 before filling up the form)

| A. 1. | General Details Name of the Course | 15. Mobile No. |
|-----------------|---|---|
| | | C. Qualifying Examination Details (If appearing for 1 st Sem/Year for the first time) |
| 2. | Specialization | |
| | | 16. Name of Examination |
| 3. | Centre of Examination (Use abbreviations if needed) | |
| | | 17. Specialization |
| В. | Personal Details | |
| В. 4. | Student ID No. (if already allotted) | 18. University / Board |
| | | |
| 5. | Name of the Candidate (Leave space between words) | |
| | | 19. Register No. / Candidate Code |
| | | |
| 6. | Date of Birth (DD – MM – YY) 7. Sex (F/M) | 20. Scheme Code 21. Sem./Year |
| | | |
| 8. | Nationality | |
| | | 22. Exam. Month 23. Exam Year 24. Class/Division |
| 9. | Religion | |
| | | |
| 10. | Community | D. Details of Examination |
| | | 25. Sem/Yr 26. Admn. Year |
| 11. | Permanent Address (Leave space between Words) | |
| | | 27. Details of Subjects now appearing for |
| | | Subject Name / Paper Name |
| | | |
| | | |
| | Pin | |
| 12. | Communication Address (Leave space between Words) | |
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| | | |
| | | |
| | | |
| | Pin | |
| 13. | E-mail Address: | |
| | | |
| | | 28. No. of Papers |
| 14. | Phone No. with Country Code (if any) | |
| | | |
| | | |

| E. | Fee Details | |
|-----|--|--|
| 29. | Date of Payment 30. Payment Mode (DD - MM - YY format) ('C' for cash 'D' for Draft) | Affix a passport size Photograph (Photo needed only for the first appearance in |
| 31. | Whether Group Payment 32. Serial No. (if group payment) | the first semester / year of Course) |
| 33. | Amount Rs. | |
| 34. | Draft No. & Date | Signature of the Candidate |
| 35. | Name of the Bank | |
| | | |
| F. | Matriculation Details (If appearing for 1 st sem. / Year for the first time) | |
| 36. | Institution last attended | Name and Designation of the |
| | | Identifying officer with seal |
| 37. | University affiliation of Institution (If applicable) | |
| 38. | Valid Matriculation Order No. (of Kerala University) | Signature of the Identifying officer (both on the Photograph and inside the box) |
| | | |
| 39. | Date of Matriculation Order (If applicable) | Place: |
| | | Date: |

I here by declare that the entries made in this application form are true to the best of my knowledge and that they have been made in my own hand writing.

Place : Date :

Signature of the Candidate

I hereby certify that the information furnished by the candidate in this application has been verified by me and that I have found them to agree with the records available in this office. The candidate has a valid matriculation in this University with matriculation No. dated.

Date :

Office Seal

Signature of the Director IDE