**Karnataka State Jamia Millia**

**State’s Madresa: A Linguistic Minority Educational Intistution**

**ADMISSION FORM Appl. No.**

**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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Name:** | | |  | | | | | | | | | | | | | ATTACH HERE PASSPORT SIZE PHOTOGRAPH | | |
| **Sem/year:** | | |  | | | | | | | | | | | | |
| **Study Center Code:** | | |  | | | | | | | | | | | | |
| **Study Center Name:** | | |  | | | | | | | | | | | | |
| 1. **Student Details** | | **Name in Block Letters** | | |  | | | | | | | | | | | | | |
| **Mobile Number** | | |  | | | | | | | | | | | | | |
| **Email ID** | | |  | | | | | | | | | | | | | |
| **Blood group** | | |  | | | | | | | | | | | | | |
| **Gender** | | | **Male: : Female:** | | | | | | | | | | | | | |
| **Date of Birth** | | |  | | | | | | | | | | | | | |
| 1. **Father’s Details** | | **Name** | | |  | | | | | | | | | | | | | |
| **Mobile number** | | |  | | | | | | | | | | | | | |
| **Occupation** | | |  | | | | | | | | | | | | | |
| **Yearly income** | | |  | | | | | | | | | | | | | |
| 1. **Mother’s Details** | | **Name** | | |  | | | | | | | | | | | | | |
| **Mobile number** | | |  | | | | | | | | | | | | | |
| **Occupation** | | |  | | | | | | | | | | | | | |
| **Yearly income** | | |  | | | | | | | | | | | | | |
| 1. **Category and Cast** | | | | | **SC** | **ST** | **Cat 1** | | **Cat 2A** | | | **Cat 2B** | | **Cat 3A** | | | **Cat 3B** | **GM** |
|  |  |  | |  | | |  | |  | | |  |  |
| **Cast:-** | | | | | | | | | | | | | |
| 1. **Address for Correspondence:** | | | | | **Permanent Address:** | | | | | | | | | | | | | |
| 1. **Name of the last studied Instruction** | | | | |  | | | | | | | | | | | | | |
| 1. **Detail of previous Examination & Marks obtained :** | | | | | **Exam Passed:** | | | | | | | |  | | | | | |
| **Year of passed:** | | | | | | | |  | | | | | |
| **Register No.** | | | | | | | |  | | | | | |
| **University/Board/Institute** | | | | | | | |  | | | | | |
| **Class(%)** | | | | | | | |  | | | | | |
| 1. **Details of Course intended to Join** | | | | **Course Name** | | | |  | | | | | | | | | | |
| **Medium** | | | |  | | | | | | | | | | |
| **Languages** | | | | **1** | | | | | | | **2** | | | |
| **Subject** | | | | | | | | | | | | | | |
|  | | | | **1** | | | | | | | **2** | | | |
| **3** | | | | | | | **4** | | | |
| **5** | | | | | | | **6** | | | |
| 1. **Details of Documents enclosed:** | | | | **SSLC Marks Card** | | | | | |  | | | | | | | | |
| **PUC Marks card** | | | | | |  | | | | | | | | |
| **Degree Cerificate** | | | | | |  | | | | | | | | |
| **Transfer certificate** | | | | | |  | | | | | | | | |
| **Cast Certificate** | | | | | |  | | | | | | | | |
| **Income certificate** | | | | | |  | | | | | | | | |
| **Demand Drafts(DD) Details:** | | | | **In favour of KSJM payable at Karnataka** | | | | | | | | | | | | | | |
| **Crossed Bank Draft No.** | | | |  | | | | | | | | | | | | | | |
| **Date:** |  | | | **Amount (Rs.)** | | | | | | |  | | | | | | | |
| **Bank Name** |  | | | | | | | | | | | | | | | | | |

(in case of late fee, please add the late fees amount to the 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.**

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 KSJM 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 KSJM 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**

**Student Name………………………………………………………………………………..**

|  |  |
| --- | --- |
| **Course** |  |
| **Medium** |  |
| **Admission number** |  |
| **Admission Date** |  |
| **Receipt No.** |  |
| **Fees** |  |

**VerifiedBy**

Note: 1. 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) Identity Card (Duly filled & photograph pasted by the candidate) and attested by study center co-ordinator

d) Candidates are advised to collect the candidate Copy of the Receipt for Admission from the Study Centers