



Karnataka State Jamia Millia

State's Madresa: A Linguistic Minority Educational Institution

RE-EVALUATION 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
Roll No.				
Enrollment No.				
Sem/year:				
Study Center Code:				
Study Center Name:				
Name of Student				Signature of Student
Father's Name				
Mother's Name				
Date of Birth		Sex		Nationality
Religion		Cast		
Postal Address				
Mobile No.		Email ID		
Detail of Examination Passed	Examination Passed			
	Year of Passing			
	Roll No.			
	Marks Obtain			
	Percentage			
Subjects For Re- Evaluation Required:-				
1.	2.	3.	4.	
5.	6.	7.	8.	
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.....

VerifiedBy

Course	
Medium	
Admission number	
Admission Date	
Receipt No.	
Fees	

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