



# Karnataka State Jamia Millia

State's Madresa: A Linguistic Minority Educational Institution

## DUPLICATE CERTIFICATE 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)

<b>Program Name:</b>				ATTACH HERE PASSPORT SIZE PHOTOGRAPH	
<b>Roll No.</b>					
<b>Enrollment No.</b>					
<b>Sem/year:</b>					
<b>Study Center Code:</b>					
<b>Study Center Name:</b>					
<b>Name of Student</b>				Signature of Student	
<b>Father's Name</b>					
<b>Mother's Name</b>					
<b>Date of Birth</b>		<b>Sex</b>		<b>Nationality</b>	
<b>Religion</b>		<b>Cast</b>			
<b>Postal Address</b>					
<b>Mobile No.</b>		<b>Email ID</b>			
<b>Detail of Examination Passed</b>	<b>Examination Passed</b>				
	<b>Year of Passing</b>				
	<b>Roll No.</b>				
	<b>Marks Obtain</b>				
	<b>Percentage</b>				
<b>Demand Drafts(DD) Details:</b>	<b>In favour of KSJM payable at Karnataka</b>				
<b>Crossed Bank Draft No.</b>					
<b>Date:</b>		<b>Amount (Rs.)</b>			
<b>Bank Name</b>					

(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

<b>Course</b>	
<b>Medium</b>	
<b>Admission number</b>	
<b>Admission Date</b>	
<b>Receipt No.</b>	
<b>Fees</b>	

**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