

# KARNATAKA STATE OPEN UNIVERSITY

Manasagangotri, Mysore - 570 006, Karnataka, India

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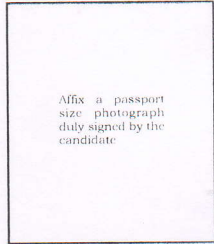
Academic Collaborator

**SCOPE, Bangalore - 24**

**RE-REGISTRATION FORM FOR SESSION \_\_\_\_\_ YEAR \_\_\_\_\_ EXAMINATION**

<b>COURSE APPLIED FOR</b>	<b>Stream :</b> _____
<b>Course :</b> _____	<b>Stream :</b> _____
<b>Semester :</b> _____ <b>Specialization/Elective</b> _____	

- Note:-
1. No Fields Should Be Left Blank, All Fields Are Compulsory
  2. All Entries Should Be Made In Block Letters Only
  3. Submit Your Re-registration Form On Or Before Dates Mentioned On University Website ([www.ksoukarnataka.com](http://www.ksoukarnataka.com))
  4. Candidate Should Fill This Form In His/her Own Handwriting .



Affix a passport size photograph duly signed by the candidate

1. Enrollment No. / Roll No. of the Student(Given by KSOU at the time of Registration)

2. Study Centre Code : SF/KSOU/

3. Name of the Candidate

4. Father's Name/ Husband's Name

5. Address for Correspondence :-

City  State  Pin

Contact Number  E-Mail

6. Papers Opted

1.	<input style="width:95%;" type="text"/>
2.	<input style="width:95%;" type="text"/>
3.	<input style="width:95%;" type="text"/>
4.	<input style="width:95%;" type="text"/>
5.	<input style="width:95%;" type="text"/>
6.	<input style="width:95%;" type="text"/>
7.	<input style="width:95%;" type="text"/>
8.	<input style="width:95%;" type="text"/>
9.	<input style="width:95%;" type="text"/>

7. Demand Draft Details

D.D Number

D.D Date

Amount ₹-

Name of the Bank

Date:.....

Signature of the Candidate

**STUDY CENTRE**

This is to certify that candidate have paid the fees as per the dates notified in University approved academic calendar.

Date:.....

Signature of the Signatory

(Seal)

**SCOPE, Bangalore - 24**

**KSOU**

Verified By.....

Verified By.....