KARNATAKA STATE OPEN UNIVERSITY

Manasagangotri, Mysore – 570 006, Karnataka, India

&

Academic Collaborator

SCOPE, Bangalore - 24

RE-REGISTRATION FORM FOR SESSION _____YEAR_____EXAMINATION

COURSE APPLIED FOR

Course : _____ **Stream :** _____

Semester :_____ **Specialization/Elective** _____

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)**
4. **Candidate Should Fill This Form In His/her Own Handwriting .**

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.
2.
3.
4.
5.
6.
7.
8.
9.

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.....