

UNIVERSITY OF KERALA Application for Master of Visual Arts Entrance Examination - 2020

Name of the candidate	*	
Gender		
Date of Birth *		
Age *		
Place of birth		
Marital status *		Photo
Whether employed *		
Annual Income		
Religion*		Signature
Caste *		
Community *		
Reservation		
Nationality *		
<u>Address</u>		
	Communication	Permanent
Address *		
District		
Mobile *	Phone number (with S code)	STD
Pincode *	Email *	

Examination(s) Passed	Name of the Board/University	Year of Passing	%	Class & CGPA
Matriculation/Equivalent				
Higher Secondary/Equivalent				
Graduation				
Courses Opted				
☐ Master of Visual A Other Informations (if an		ster of Visu	al Arts i	n Art History
Additional Information				
Achievements (should submit proof along with application hard copy)				
Fee Detail Fee amount *				
Payment Mode - Cas Counter/Friends/DD	h			
DD / Receipt Date *				
DD / Receipt Numbe	r*			
<u>Declaration</u>				
I hereby confirm and declare that a true, correct and complete to the befilling the form. In the event of any admission process, action can be ta automatically be cancelled.	est of my knowledge and belief. I h information or the part of it being	ave read the r found false or	notificatio incorrect	n clearly before before or after t
Place :				
Date :		Signature o	of the A	nnlicant
	e Mandatory. All fields should b	_		_