Form No. 1 (A)

UNIVERSITY OF KERALA

Application for Registration

S1 (Semester) (Please read the instructions in page 3 & 4 before filling up the form)

Α.	General Details	D.	Details of Examination
1.	Name of the Course	22.	Candidate Code (of 1st chance of 1st Sem./Year)
2.	Specialisation	23.	Course Code 24. Scheme code 25. Sem./Yr 26. (for off.use)
۷.			
3.	Name of the Institution (Use abbreviations if needed)	27.	Admn. year 28. Institution Code 29. (for off.use)
		30.	Details of Subjects now appearing for
			· · · · · · · · · · · · · · · · · · ·
_	Demonstration Details		Subject Name / Paper Name Subject Code
В.	Personal Details		
4.	Student ID No. (If already allotted)		
5.	Name of the Candidate (Leave space between words)		
6.	Date of Birth (DD - MM - YY) 7. Sex (F/M)		ımamamamı lanamalı
0	Delinion		
8.	Religion		
9.	Community		
10.	Communication Address (Leave space between words)		
		31	Number of Papers 32. Centre Code
		J 31.	Trumber of Lapers 32. Centre Gode
	Pin	33.	Year of Exam. 34. Month of Exam.
11.	Phone No. with STD Code (If any)		
		E.	Fee Details (application forms with Item Nos. 40, 41 & 42 left
			blank will be rejected, if group payment)
C.	Qualifying Examination Details	35.	Eligible for fee concession (Y or N)
•	(If appearing for 1st Sem./Year for the first time)		
12.	Name of Examination	36.	Reservation Category ('C' - SC, 'T' - ST, 'B' - OBC, 'O' - Other reserved category, 'N' - No reservation)
12.	TValle of Examination	0.7	
		37.	Date of Payment 38. Payment Mode (DD MM YY format) ('C' for Cash 'D' for Draft)
13.	Specialisation		
		39.	Whether Group payment 40. Serial No.
14.	University / Board	39.	(Y or N) (if group payment)
14.			
		41.	Amount Rs.
15.	Register No. / Candidate Code	41.	
16.	Scheme Code 17. Sem./Year	42.	Draft No. / Chalan No.
18.	Exam. Month 19. Exam. Year 20. Class / Division	43.	Name of the Bank or Friends / Cash Counter
24	Personters of Marko (of relevant set ()	4.4	Legation of the Bank or Friends / Cook Counter
21.	Percentage of Marks (of relevant subjects)	44.	Location of the Bank or Friends / Cash Counter

44(A) To be filled up by the Candidate						
Institution Code	Semester Cou	irse Code				
45. Semester / Year History (Applicable to Reappearance only)						
Appearance No. Exam. Code	Candidate Code	Result Code				
		Affix a passport size Photograph (Photo				
		needed only for the first appearance in the first Semester / Year				
		of course)				
46. Course History (Not applicable to 1st Sem./Year) Signature of the Candidate						
Sem./Year No. Exam. Code	Candidate Code	Result Code				
		Name of Business Constitution of the				
		Name and Designation of the Identifying Officer with seal				
		Signature of the Identifying Officer (both on the Photograph and inside the box)				
		Place : Date :				
F. Matriculation Details						
(If appearing for 1st Sem. /Year for the first time)						
47. Institution last attended	49. Valid Matricul	ation Order No. (of Kerala University)				
48. University affiliation of Institution (If applicable	e) 50. Date of Matric	culation Order (If applicable)				
I hereby declare that the entries made in this application form are true to the best of my knowledge and that they have been made in my own hand writing.						
Place :						
Date :		Signature of the Candidate				
I hereby certify that the information furnished by the candidate in this application has been verified by me and that I have found						
them to agree with the records available in this of No. dated	office. The candidate has a valid Ma	triculation in this University with Matriculation				
Date :	Office Seal	Signature of the Principal				
Date.	Office Seal	Signature of the Principal				
CERTIFICATE						
This is to certify that Shri/Smtbelongs to Scheduled						
Caste/Scheduled Tribe / Backward Community / OBC / OEC and is appearing for the Examination for the First/Second consecutive						
chance. The Director, Scheduled Caste Development Department / District Development Officer concerned has been requested to sanction the examination fee (strike off whichever is not applicable).						
Serial Number of the candidate in the reimbursement list:						

Office Seal

Signature of the Principal

Date: