

UNIVERSITY OF KERALA Application for Master of Visual Arts Entrance Examination - 2023

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 (wit	th STD
Pincode *	Email *	

Examination(s) Passed	Name of the Board/University	Year of Passing	%	Class & CGPA
Matriculation/Equivalent				
Higher Secondary/Equivalent				
Graduation				
Courses Opted			Į.	
Master of Visual A Other Informations (if an		ster of Visu	al Arts iı	n Art History
Additional Information				
Achievements (should submit proof along with application hard copy)				
Fee Details				
Fee amount *				
Payment Mode – Cash Counter/Friends/DD				
DD / Receipt Date *				
DD / Receipt Number	r *			
Declaration				
I hereby confirm and declare that al true, correct and complete to the bea filling the form. In the event of any in admission process, action can be tal automatically be cancelled.	st of my knowledge and belief. I ha information or the part of it being f	ve read the no found false or i	ncorrect l	clearly before before or after th
Place :				
Date :		Signature o	of the Ar	onlicant
Note: Columns Marked in * are	e Mandatoru. All fields should h	_		_