

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ತಾಂತ್ರಿಕ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

GOVERNMENT OF KARNATAKA
DEPARTMENT OF TECHNICAL EDUCATION
BOARD OF TECHNICAL EXAMINATIONS

Application for April/May-Nov/Dec-20 Semester Diploma Examinations
(To be filled in by the Candidate)

01. Institution Code

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02. Name of the Institution.....

03. Course Name & Code:

04. Name of the candidate
(in block Letters)

05. Father's Name

06. Mother's Name

(The above Names should be
as per S.S.L.C. Marks Card and Space
should be left for initials & surname)

07. Sex (Write B for Boy G for Girl)

08. Religion

Religion	Hindu	Muslim	Christian	Buddist	Jain	Sikh	Parsis	Anglo Indian	Others
Code	1	2	3	4	5	6	7	8	9

09. Category

Category	SC	ST	Cat-I	IIA	IIB	IIIA	IIIB	GEN
Code	1	2	3	4	5	6	7	8

10. Write **PH** for Physically Handicapped otherwise write "NO"

11. Write **R** for Rural and **U** for Urban

12. Native District (Refer District Code)

13. District in which Candidate is studying at present (Refer District Code)

14. SSLC or Equivalent examination passed

(if Karnataka SSLC, write 1

if equivalent exam in Karnataka, write 2

if non-Karnataka SSLC equivalent, write 3)

15. Diploma Register No.

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16. a) Are you regular student in current semester?

YES

NO

b) If "YES" give full exam details of current semester.

SEM	Subject Codes (To be filled by Student)								Fees (Office Use)
	01	02	03	04	05	06	07	08	

c) Part Exam: Give details of failed subjects in previous semesters, if any.

Semester	Subject Codes (To be filled by Student)							Fees (Office Use)**
	01	02	03	04	05	06	07	
I								
II								
III								
IV								
V								
VI								

**Fees to be calculated semester wise. If more than two subjects in any semester collect full fees.

17. For I T I Lateral Entry Scheme student:

Sem	Bridge Subject Codes (To be filled by Student)		Fees (Office Use**)
	01	02	
III			
IV			

18. **External:** If the candidate registered as an External Candidate write "Y" otherwise "N".

Certified that the information furnished by me are correct to the best of my knowledge and attested copies of marks cards & Income certificate (if any) enclosed herewith.

Mob.No.

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Date:

Signature of Candidate.

Place:

(For Office Use Only)

Certified that the information furnished by the candidate are verified by me and found correct.

Date:

Signature of the Head of Section

Place:

(a) Fees Paid	:	Rs	
(b) Receipt No. & Date	:		
(c) Serial No. in the Consolidated List			
(d) Scrutinized by	:	Initials of the case worker:	
		Initials of the Suptd. / Registrar	

Date:

SIGNATURE OF THE PRINCIPAL.

