

University Teaching Departments (MANGATTUPARAMBA, PALAYAD, NILESHWARAM, PAYYANNUR, KASARAGOD & MANANTHAVADY CAMPUSES)

Details of fee remitte	d`
Chalan/D.D.No.	
Date	
Treasury/Bank	

Affix recent Passport size Photograph

	APPLICATION FOR ADMISSION	TO VARIOUS PG/OTHER COURSES FOR 2016 ADMISSION
	Name of the Department :	
	Name of the Programme/ Course:	
1.	Name of the applicant : (In BLOCK LETTERS)	
	In Malayalam	
2.	Sex :	M F
3.	Age :	
4.	Date of Birth :	(Years) (Months)
5.	Address to which communications are to	(Day) (Month) (Year) De sent Permanent address
	Pin Ph: No.: Mob: No.: Email ID:	Pin Pin Mob: No.:
6.	Name of the Parent/Guardian	:
7.	Marks/Grades obtained for Graduor or in the qualifying examination	(Awarded) (Maximum)
		b) Grade of Part III CGPA/GPA

8.	Number	of chances	(01, 02 etc.)						
9.		ecured for F ame subject	ost Graduation	(Awarded	d)	(Max	imum)		
10.		nity If attested copy o erned authority)	: of the proof	(Co	ommunity N	ame)			
11.		inder which considered	application :	(code)			(Specify the o	quota)	
12.	(Attach	family incom self attested e authority c	copy of the prod						
3 (a)	Curricul	um vitae (se	elf attested copies	of mark lists sl	nould be e	nclosed)			
	L	Iniversity	Subjects	Reg. No.	Year of pass	Ma Awarded	arks Maximum	Class	No. of Chances
Part – I					pass	Awarded	Waximum		Onances
Part – II									
Part – III									
Double Mair Triple Main	1/								
M.A / M.Sc / MCom.									
CGPA		with Grade a				ı			
Details of	Weight a	and Grade P	oints Main and S	Weight/Credit	cts G	irade Point	S	GPA/CG	PA
Main/Core		tory 1							
Sub 1/Co		tary - 2							
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Part 2 (Se Course- 2		nguage)/Cor	nmon.						

14. Name of the District to which you belong

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15. Whether applying for the quota of Ex- Servicemen/Dependent of service personnel/Dependent of Ex-servicemen/(self attested copies of certificates stating relationship with personnel should be produced) / Sports/ Persons With Disability (self attested copies should be attached)	Specify the same
16. Whether claiming for NCC/NSS (if so, attach self attested copy of the certificate from the competent Authority)17. List of enclosures.	
17. List of eficiosures.	
1. 5	
2.	
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DECLARATION	ON
ldetails given above are true and correct and that I will obey and institution.	
Place :	
Date :	Signature of the applicant



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ENTRANCE TEST ADMISSION CARD

ADIMISSION TO POST GRADUATE PROGRAMMES/COURSES OFFERED AT UNIVERSITY DEPARTMENTS/EXTENSION CENTRES/STUDY CENTRES

Course applied for:			Affix a recent passport size photo
REGISTER NUMBER			
NAME OF THE CANDIDATE			
CENTRE OF ENTRANCE TEST			
DATE & TIME OF EXAMINATION	N		
		HEAD (OF THE DEPARTMENT
r		1	
Signature of the Candidate			
	ENTRANCE ADMISSION CA	ARD COUNTERFOIL	
KANNUR UNIVERSITY		www.kannurun	iversity.ac.in
ADIMISSION		AMMES/COURSES OFFERED AT U N CENTRES/STUDY CENTRES	NIVERSITY
ADIMISSION Course applied for:	DEPARTMENTS/EXTENSION		NIVERSITY
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Course applied for:	DEPARTMENTS/EXTENSION		NIVERSITY
Course applied for: REGISTER NUMBER	DEPARTMENTS/EXTENSION		NIVERSITY
Course applied for: REGISTER NUMBER NAME OF THE CANDIDATE	DEPARTMENTS/EXTENSION		NIVERSITY
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