

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
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	Buddhist	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.

--	--	--	--	--	--	--	--	--	--

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.

--	--	--	--	--	--	--	--	--	--

Date:

Place:

Signature of Candidate.

(For Office Use Only)

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

Date:

Place:

Signature of the Head of Section

(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.