



Vishala Karnataka Correspondence College (R.)

906, 11th Cross, Vyalikaval, Malleshwaram, Bangalore - 560 003.
Ph : 23466718, 9880256038

APPLICATION FORM

No.

| | |
|--|----------------------------------|
| Membership No. : | |
| Name of the candidate : | |
| Father's / Husband's Name : | |
| Mother's Name : | |
| Address for Communication with Pincode : | |
| E-mail : | Phone No. : |
| Date of birth : | Sex : |
| Marital Status : | Designation / Occupation : |
| Mother tongue : | Caste : |
| Qualification : | University / Board : |
| Course applied for : | University / Board : |
| Medium of instruction : | Open University / Regular Scheme |
| Subjects selected : | |
| languages : | |
| Optionals : | |

Note : No refund of fees will be made under any circumstance. Required documents must be produced.

Declaration : I here by declare that I have gone through the Guide line Book and understand the informations given by the college. I fully agree to the terms and conditions framed by the college authority and also accept the Bangalore jurisdiction in case of any dispute.

Date :

Signature of the candidate

FOR OFFICE USE ONLY

| | |
|---------------|-------------------|
| Amount paid : | Receipt No. : |
| Date : | Mode of payment : |

Signature of the Director

Signature of the Receiver