KBNU

KHAJA BANDANAWAZ
— UNIVERSITY —
EDUCATING HUMANITY
(A Religious Minority University)
(University established by an Act No.18 of Karnataka State Legislature)

FACULTY OF ENGINEERING AND TECHNOLOGY

Address: Admission Cell, Khaja Bandanawaz University Campus, Rauza-i Buzurg, KALABURAGI - 585 104
Contact No. +91 8472 236041 (Extn. 128 & 136) Website : **kbn.university** E-mail : registrar@kbn.university

PROVISIONAL APPLICATION FORM FOR ADMISSION	Recent Passport Size Photo

B.E I / II / III / IV / V / VI / VII / VIII SEMESTER

ACADEMIC YEAR _____

DEPARTMENT _____

UIN _____ **P.No.** _____

Candidate's Name (As per the SSLC)					
Date of Birth		Gender		Nationality	
Father's Name					
Father Occupation					
Mother's Name					
Present Address					
City					
State					
Contact Details	Self	Landline:		Mobile:	
	Parent' s	Landline:		Mobile:	
Email Id					
Category					

Academic Qualification				
Examination	Year	Name of the Institution	Percentage of Marks	Board
SSLC				
PUC (or 10+2)				
B.Sc.				
DIPLOMA				

SEMESTER WISE MARKS					
Semester	Maximum Marks	Marks obtained	Semester	Maximum Marks	Marks obtained
I			V		
II			VI		
III			VII		
IV					

DECLARATION

1. I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
2. If admitted to the **KBNU** I shall abide by its Rules & Regulations
3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.
4. Any dispute arising out of the process of the admission through **KBNU** are subject to the jurisdiction of civil courts of Gulbarga.

Date:_____   **Signature of the Candidate**

I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child to the KBNU. I agree to pay the tuition and other fees as fixed from time to time as per the rules. I also accept and endorse the Declaration made above by my child.

Place :_____

Date :_____   **Signature of the Parent / Guardian**

Encls: 1. Demand draft of Rs._____/- D.D. No._____Date _____
             2. Attested copy of Academic Records

Note: Incomplete application will be rejected