

(A Religious Minority University) (Established by an Act No. 18 of Karnataka State Legislature)

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 REGISTRATION FORM FOR B.A. B.SC. B.COM				
Candidate's Name (as per 10+2 certificate)				
Date of Birth	Male	Female	Nationality	
Father's Name				
Father Occupation				
Mother's Name				
Address				
City				
State				
Mobile No.				
Email Id				
Month - Year of Passing				
Qualifying Examination passed				
COURSE APPLIED FOR				
SUBJECT COMBINATIONS				
				will ese
			Signature of the Candidate	
Declaration - II 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 payable to the institution 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