

(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 M.A. M.SC.					
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					
any information h be cancelled. 2. If admitted to the 3. I have read and provisions.	e KBNU I shall abide by understood all the p	ncorrect or ind y its Rules & R provisions con	complete, my applice egulations tained in the broc	e best of my knowledge. I a cation form will be rejected thure and hereby agree to e subject to the jurisdiction	/ admission will abide by these
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 :					

Signature of the Parent / Guardian

Date: