



KHAJA BANDANAWAZ
UNIVERSITY
EDUCATING HUMANITY

(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
M.SC. (MEDICAL)

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						

Declaration - I

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.

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