



KARNATAKA STATE OPEN UNIVERSITY, MYSORE
Bharath Postgraduate College (Academic Collaborative Institution)

RE-REGISTRATION FORM

- NOTE: 1. NO FIELDS SHOULD BE LEFT BLANK, ALL FIELDS ARE COMPULSORY**
2. ALL ENTRIES SHOULD BE MADE IN BLOCK LETTERS ONLY
3. KINDLY NOTE THE CHANGE IN FEES STRUCTURE
4. DEPOSIT YOUR RE-REGISTRATION FORM ON OR BEFORE DATES MENTIONED BELOW
5. CANDIDATE SHOULD FILL THIS FORM IN HIS/HER OWN HANDWRITING.

ATTACH HERE
 SELF ATTESTED
 STAMP SIZE
 PHOTOGRAPH

DO NOT DEFACE
 IT

1. Name of the Programme:

Semester/YR

2. Candidate Roll No.

(Given by KSOU at the time of Registration)

3. Study Centre Code

Name of the Study Centre

4. Name of the Candidate

5. Address for Correspondence:

City State PIN

6. Communication Numbers (M)

E-Mail

7. Papers Opted	1. <input type="text"/>	4. <input type="text"/>
	2. <input type="text"/>	5. <input type="text"/>
	3. <input type="text"/>	6. <input type="text"/>

8. Demand Draft Details:

a) In favour of **Finance Officer, KSOU Payable at Mysore**

Crossed Bank Draft NO Date Amount (Rs.)

Bank Name

b) In favour of **Bharath Postgraduate College Payable at Chennai**

Crossed Bank Draft NO Date Amount (Rs.)

Bank Name

Date:.....

Signature of the Candidate

STUDY CENTRE

This is to certify that candidate have paid the fees as per the dates notified in University approved academic calendar.

Date: (Seal)

Signature of Authorized Signatory

BPGC

KSOU

Verified By.....

Verified By.....