

ಕರ್ನಾಟಕ ಸರ್ಕಾರ  
ತಾಂತ್ರಿಕ ಪರೀಕ್ಷಾ ಮಂಡಳಿ  
**GOVERNMENT OF KARNATAKA**  
**DEPARTMENT OF TECHNICAL EDUCATION**  
**BOARD OF TECHNICAL EXAMINATIONS**

Application for\* .....20.....Semester Diploma Examinations (\* Write month of Exam)  
(To be filled in by the Candidate)

01. **Institution Code**

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02. **Name of the Institution** .....

03. **Course Name & Code:** .....

04. **Name of the candidate (in block Letters)**

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05. **Father's Name**

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06. **Mother's Name**

(The above Names should be as per S.S.L.C. Marks Card and Space should be left for initials & surname)

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07. **Sex** (Write B for Boy G for Girl)

08. **Religion**

Religion	Hindu	Muslim	Christian	Buddist	Jain	Sikh	Parsis	Anglo Indian	Others
Code	1	2	3	4	5	6	7	8	9

09. **Category**

Category	SC	ST	Cat-I	IIA	IIB	IIIA	IIIB	GEN
Code	1	2	3	4	5	6	7	8

10. Write **PH** for Physically Handicapped otherwise write **"NO"**

11. Write **R** for Rural and **U** for Urban

12. Native District (Refer District Code)

13. District in which Candidate is studying at present (Refer District Code)

14. SSLC or Equivalent examination passed

(if Karnataka SSLC write 1

if equivalent exam in Karnataka write 2

if non-Karnataka SSLC equivalent write 3)

15. Diploma Register No.

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16. a) Are you **regular student in current semester**?

YES

NO

b) If “YES” Give full exam details of current Semester.

SEM	Subject Codes (To be filled by Student)								Fees (Office Use)
	01	02	03	04	05	06	07	08	

c) Part Exam: Give details of failed subjects in previous semesters, if any.

Semester	Subject Codes (To be filled by Student)							Fees (Office Use)**
	01	02	03	04	05	06	07	
I								
II								
III								
IV								
V								
VI								

\*\*Fees to be calculated semester wise. If more than two subjects in any semester collect full fees.

17. For I T I Lateral Entry Scheme student:

Sem	Bridge Subject Codes (To be filled by Student)		Fees (Office Use)
	01	02	
III			
IV			

18. **External:** If the candidate registered as an External Candidate write “Y” otherwise “N”.

Certified that the information furnished by me is correct to the best of my knowledge and attested copies of marks cards & Income certificate (if any) are enclosed herewith.

Mob.No.

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Date:

**Signature of Candidate.**

Place:

**(For Office Use Only)**

Certified that the information furnished by the candidate is verified by me and found correct.

Date:

Signature of the Head of Section

Place:

(a) Total Fees Paid	:	Rs
(b) Receipt No.& Date	:	
(c) Serial No. in the Consolidated List		
(d) Scrutinised by	:	Initials of the case worker:
		Initials of the Suptd. / Registrar

Date:

**SIGNATURE OF THE PRINCIPAL.**

Place: