



ಕುವೆಂಪು ವಿಶ್ವವಿದ್ಯಾಲಯ

**Kuvempu University**

Jnanasahyadri, Shankaraghatta – 577 451  
(Shivamogga District, Karnataka)

Main Application Form

Photo of the  
Applicant to be  
affixed here

No:

**Application for admission to Post-Graduate/P.G. Diploma Courses, 2026-27**

(Note: Candidates are advised to read the Instructions in the Prospectus before filling the application. Incomplete applications are liable for rejection)

Center (put a '√' mark in the relevant box)	Jnanasahyadri, Shankaraghatta	P. G. Centre, Kadur	Sahyadri Commerce & Management College, Shivamogga
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**Course and Subject applied for**

1. Name of the Applicant (in block letters)	
2. Mother's Name	
3. Father's Name	

4. Address for Communication:		Pin code:
Phone No:	E-mail:	
Mobile No:		

5. Place and Date of Birth (as in SSLC/ equivalent examination certificate)	Place:	Date of Birth:
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6. Nationality/Domicile:	7. Sex (put a '√' mark in the relevant box)	M	F	GdM
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8. Category under which seat is sought (Put '√' mark/s)	GM	SC	ST	Cat-I	IIA	IIB	IIIA	IIIB	.Sports	PwD	CDP	NSS	NCC	OU	KM	HyK	GdM	CoF
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9. Qualifying Examination	Name of the Degree	
	Month and Year of Passing	
	Optional Subjects	

10. Marks obtained in the Subject for which P. G admission is sought (enclose copies of marks cards of all semesters)	Subject		Marks Obtained	Max. Marks	Percentage
	Year	Semester			
	I	I			
		II			
	II	III			
		IV			
	III	V			
		VI			
Total					

11.	University and Institution from which the qualifying examination is passed	Name of the University: Name of the College:		
12.	Father's/Guardian's Occupation:			
13.	Annual Income of the Parents/Guardian:			
14.	Candidate's relationship with the Guardian: Name and Address of the Guardian:  Mobile/ Phone Number with STD Code:			
15.	Application fee paid (details)	Date	DD/Receipt Number	Amount (₹)
		- - 2026		
Place: Date:				
			(Signature of the Applicant)	(Signature of the Parent/Guardian)
<b>Declaration</b>				
I hereby solemnly and sincerely affirm that the statements made and information furnished in my application and also in the enclosures submitted by me are true. Should it, however, be found that the information furnished therein is not factually true, I know that I am liable for prosecution and forfeiture of the seat allotted to me. I have noted that in the event of my admission to the university, the minimum attendance of 75% in each of papers is mandatory. I have also taken note that once the admission process is over, fee shall not be refunded by the university.				
(Signature of the Applicant)				
<b>Undertaking</b>				
(Undertaking by candidates willing to seek admission under <b>merit-cum-payment category</b> )				
Name of the Candidate:				
Course applied for:			Category:	
I wish to be considered under the <b>merit-cum-payment category</b> if I am not selected in the merit/reservation category. I agree to abide by the rules and requirements if admitted under the payment category. I have also taken note that once the admission process is over, fee shall not be refunded by the University.				
Place:				
Date:				
			(Signature of the Applicant)	(Signature of the Parent/Guardian)
<b>Note:</b>				
1. Candidates should send the filled application to the Department/s concerned where admission is sought on or before the last date fixed by the university. All applications received after the last date, for any reasons, are liable to be rejected.				
2. No separate intimation regarding admission date shall be sent to candidates. All applicants are required to be presented in the Department concerned on the date/s fixed by the university for admission before 10.30 am.				



11.	University and Institution from which the qualifying examination is passed	Name of the University: Name of the College:			
12.	Father's/Guardian's Occupation:				
13.	Annual Income of the Parents/Guardian: `				
14.	Candidate's relationship with the Guardian: Name and Address of the Guardian:  Mobile/ Phone Number with STD Code:				
15.	Application fee paid (details)	Date	DD/Receipt Number	Amount ( ` )	Place
		- 2026			

Place:

Date:

(Signature of the Applicant)

(Signature of the Parent/Guardian)

### Declaration

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(Signature of the Applicant)

### Undertaking

(Undertaking by candidates willing to seek admission under **merit-cum-payment category**)

Name of the Candidate:

Course applied for:

Category:

I wish to be considered under the **merit-cum-payment category** if I am not selected in the merit/reservation category. I agree to abide by the rules and requirements if admitted under the payment category. I have also taken note that once the admission process is over, fee shall not be refunded by the University.

Place:

Date:

(Signature of the Applicant)

(Signature of the Parent/Guardian)

### Note:

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