



SDLCE KAKATIYA UNIVERSITY, WARANGAL - 506 009

BA./B.Com (Gen./Comp.) Special Eligibility Test Application Form

REGISTRATION FEE Rs. 200/- (To be paid through Challan/DD only) for Details see prospectus

Challan No. (SBH, SDLCE only):	<input type="text"/>	Date	<input type="text"/>
Demand Draft No.	<input type="text"/>	Bank	<input type="text"/>
		Date	<input type="text"/>

Hall Ticket No.	<input type="text"/>	Examination Centre	<input type="text"/>
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- Name of the Candidate : _____
- Father's Name : _____
- Date of Birth :
- Social Status : Sub-Caste :
- Sex :
- Paper - I : Paper - II :
- Address for Correspondence

Name : _____	Father's Name _____
H.No. _____	Village / Street _____
Mandal : _____	Dist. _____ Pin Code : _____ Mobile : _____

DECLARATION : I declare that the statements made in this application form are true to the best of my knowledge and belief. If the statements are found to be false my application may be rejected. I abide by all the rules and regulations of institution.

Date :

Signature of the Applicant



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DUPLICATE

Hall Ticket No.	<input type="text"/>	Examination Centre	<input type="text"/>	Exam Date:	<input type="text"/>
				Timings: 11.00 a.m. to 1.00 p.m.	

- Name of the Candidate : _____
- Father's Name : _____
- Date of Birth :
- Paper - I : Paper - II :

Signature of the Applicant

Scrutiniser

Director



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ORIGINAL

To be issued to the Student					
Hall Ticket No.	<input type="text"/>	Examination Centre	<input type="text"/>	Exam Date:	<input type="text"/>
				Timings: 11.00 a.m. to 1.00 p.m.	

- Name of the Candidate : _____
- Father's Name : _____
- Date of Birth :
- Paper - I : Paper - II :

Signature of the Applicant

Scrutiniser

Director