

SDLCE KAKATIYA UNIVERSITY, WARANGAL - 506 009 RA /R Com (Com / Com / Co

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

| REGISTRATION FEE Rs. 200/- (To be p | paid through Challan/DD only | for Details see pro | ospectus |
|---|--|---------------------|---|
| Challan No. (SBH, SDLCE only): | | Date | |
| Demand Draft No. | Bank | Date | |
| Hall Ticket No. | Examination Centre | | |
| 1. Name of the Candidate: | | | |
| 2 Father's Name: | | | |
| 3 Date of Birth : Description of the second | | | |
| 4. Social Status: SC ST BC OC Sub- Caste: | | | |
| 5 Sex: MALE FEMALE OT | HERS | | |
| 6 Paper-I: ENGLISH & GK | Paper - II : TELUGU | HINDI URDU | |
| 7. Address for Correspondence | | | |
| Name : | Fath | er's Name | |
| H.No | Village/S | treet | |
| Mandal: | DistPi | n 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. | | | |
| , ,, | e by all the rules all diregulations of th | Suluuori. | |
| Date: | | | Signature of the Applicant |
| BA./BCom (Gen Hall Ticket No. 1. Name of the Candidate: | ./Comp.) Special Eligibilit | | Exam Date: Timings: 11.00a.m. to 1.00p.m. |
| 2 Father's Name: | | | |
| 3. Date of Birth : | | | |
| 4. Paper-1: ENGLISH & GK | Paper - II : TELUGU | HINDI URDU | |
| Signature of the Applicant | Scruitiniser | Director | |
| SDLCE KAKA | ATIYA UNIVERS | ITY. WARANG | |
| | (Gen./Comp.) Special Eligibili | * | |
| the Student | Examination | | ExamDate: |
| Hall Ticket No. | Centre | | Timings:11.00a.m.to1.00p.m. |
| 1. Name of the Candidate: | | | |
| 2 Father's Name: | | | |
| 3 Date of Birth: | | | |
| 4. Paper-1: ENGLISH & GK | Paper - II : TELUGU | HINDI URDU | |
| Signature of the Applicant | Scruitiniser | Director | |