GOVERNMENT OF KARNATAKA
DEPARTMENT OF TECHNICAL EDUCATION
BOARD OF TECHNICAL EXAMINATIONS
Application for April/May-Nov/Dec-20 Semester Diploma Examinations
(To be filled in by the Candidate)

01. Institution Code

02. Name of the Institution

03. Course Name & Code:

04. Name of the candidate
   (in block Letters)

05. Father's Name

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)

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

08. Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>Hindu</th>
<th>Muslim</th>
<th>Christian</th>
<th>Buddhist</th>
<th>Jain</th>
<th>Sikh</th>
<th>Parsis</th>
<th>Anglo</th>
<th>Indian</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

09. Category

<table>
<thead>
<tr>
<th>Category</th>
<th>SC</th>
<th>ST</th>
<th>Cat-I</th>
<th>IIA</th>
<th>IIB</th>
<th>HIA</th>
<th>HIB</th>
<th>GEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

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.

16. a) Are you regular student in current semester?  
   YES [ ]  NO [ ]

   b) If "YES" give full exam details of current semester.

<table>
<thead>
<tr>
<th>SEM</th>
<th>Subject Codes (To be filled by Student)</th>
<th>Fees (Office Use)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 02 03 04 05 06 07 08</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Semester</th>
<th>Subject Codes (To be filled by Student)</th>
<th>Fees (Office Use)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>01 02 03 04 05 06 07</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

17. For ITI Lateral Entry Scheme student:

<table>
<thead>
<tr>
<th>Sem</th>
<th>Bridge Subject Codes (To be filled by Student)</th>
<th>Fees (Office Use**)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01 02</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Mob.No.  

Date:  
Place:  
Signature of Candidate.

(For Office Use Only)
Certified that the information furnished by the candidate are verified by me and found correct.

Date:  
Place:  
Signature of the Head of Section

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

Date:  
SIGNATURE OF THE PRINCIPAL.