

ಕರ್ನಾಟಕ ಸರ್ಕಾರ
ತಾಂತ್ರಿಕ ಪರೀಕ್ಷಾ ಮಂಡಳಿ

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

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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

Religion	Hindu	Muslim	Christian	Buddhist	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)

