

Appendix  
(refers to SL No.1  
of Enclosure)

122

Every column should be carefully filled in by the candidate

Serial No.

Candidates are expected to give precise and correct information on the various points required in each column. Failure to do so will result in the application being rejected without further notice.

Name of Bank/Office where fee has been remitted	
Amount in words and figures	
Date of remittance	
Whether receipt is attached	



## COCHIN UNIVERSITY OF SCIENCE & TECHNOLOGY

Application For Registration for the

in .....200.....

Centre and Place of Examination : .....

1. Name of Candidate as given in the qualifying degree certificate (in block letters) (women candidates should add the word "woman" after their names)	(a) In English
	(b) In Mother-tongue
2. Age and date of birth	
3. Place of birth with district and taluk	
4. Community with sub-division, if any, and Religion	
5. Name, occupation and annual income of father or guardian	
6. Permanent Address	
7. Address for correspondence	
8. Details of qualifying Examination passed	Reg. No. .... Month ..... Year..... Name of Examination : Percentage of Marks : Name of University :
9. Whether the qualifying degree certificate (original) with a photo copy is attached	

10.	Whether the qualifying examination has been got recognised by this University in the case of those from Universities outside Kerala State.  Give No. & Date of Order	
11.	The year in which and the Department through which he/she was registered as a Matriculate of this University.	
12.	Register No., Month and Year of previous appearance/s, if any, for the examination, now applied for	

### DECLARATION

I hereby declare that the entries made above are correct to the best of my knowledge and that they have been made in my own handwriting.

Station :  
Date :

Signature of Candidate

### CERTIFICATE

I hereby certify that the entries made by the candidate have been verified by me, and I have found them to agree with those in the records of this Department.

Date :

(Seal)

Signature of the  
Head of the Department

### CERTIFICATE (FOR SC/ST STUDENTS AND THOSE ENJOYING CONCESSION UNDER K.P.C.R.)

1. This is to certify that Sri/Smt ..... belongs to Scheduled Caste/Scheduled Tribe/Other Backward Community (give the name of the caste/tribe/community) ..... and that he/she is appearing for the examination for the First/Second consecutive chance. (Strike off whichever is not applicable.) His/Her Examination fees will be claimed by me from the District Welfare Officer concerned/Director, Harijan Welfare, and the receipt for the same sent to the Registrar.
2. For students who have been granted fee concession under K. P. C. R. Certified that Sri/Smt ..... has been granted fee concession under K. P. C. R. and that he/she is appearing at this Examination for the first time.

Signature of the Head of the  
Department/Institution/School