



(A Religious Minority University)
(Established by an Act No. 18 of Karnataka State Legislature)

Address: Admission Cell, Khaja Bandanawaz University Campus, Rauza-i Buzurg, KALABURAGI - 585 104
Contact No. +91 8472 236041 (Extn. 128 & 136) Website : **kbn.university** E-mail : registrar@kbn.university

**PROVISIONAL REGISTRATION FORM FOR VARIOUS UG / PG COURSES
OTHER THAN MEDICINE & ENGINEERING**

Candidate's Name (as per 10+2 certificate)							
Date of Birth		Male		Female		Nationality	
Father's Name							
Father Occupation							
Mother's Name							
Address							
City							
State							
Mobile No.							
Email Id							
Month - Year of Passing							
Qualifying Examination passed							
COURSE APPLIED FOR		Under Graduate			Post Graduate		

Declaration - I

1. I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected / admission will be cancelled.
2. If admitted to the **KBNU** I shall abide by its Rules & Regulations
3. I have read and understood all the provisions contained in the brochure and hereby agree to abide by these provisions.
4. Any dispute arising out of the process of the admission through **KBNU** are subject to the jurisdiction of civil courts of Gulbarga.

Signature of the Candidate

Declaration - II

I, the parent / guardian of the applicant hereby declare that I am aware of the financial obligation of admitting my child to the **KBNU**. I agree to pay the tuition and other fees payable to the institution as fixed from time to time as per the rules. I also accept and endorse the Declaration made above by my child.

Place :

Date :

Signature of the Parent / Guardian