Price: Rs. 1200-00



PHOTO

APPLICATION FORM FOR SPECIAL QUOTA ADMISSION TO MBA/MCA COURSES - 2025-26

- *Note*: 1. Applicants are required to be fully conversant with the Prospectus which contains Rules of admission, Instructions to candidates etc., before filling up the application.
 - 2. Filled up application form has to be submitted along with necessary documents and challan/DD has to be taken in favor of Finance Officer, University of Mysore and submit the same to respective department.

AADHAR Number			
AADHAR linked Bank Account Number			
Bank Name & Branch			
Mobile Number & Email ID			
Special Quota: (NSS/NCC/SPORTS/LITERARY & CULTURAL/TEACHING/NON-TEACHING)			
Name of the Applicant (in Block le	etters)		
2. Name of Father/Mother/Guardian			
3. Occupation and total Annual Incom	ne of Father/Mother/Guardian	n	
Occupation:	Annual Income:		
4. a) Place of Birth Village	Town Taluk	District	State
b) Date of Birth (as in the S.S.L.C r Day: Month		:	
5. Personal Particulars: Nationality: Caste:	Gender:	Mother Tongue:	
6. Course to which admission is soug	ht:		

7. Details of Application Fee Paid, if application is downloaded from web

Challan	Challan/DD No and Date: Amount:						
(Please	enclose Demand	Draft with ap	plication if it	t is downloade	d from web)		
8. Under	which Category	Seat is Claime	ed ? Please M	lark "U' in the	Concerned I	Box	
SC	ST	Cat-1	Cat- ll A	Cat- ll B	Cat-lll A	Cat-lll B	
Other University	Defence/EX- Servicemen	Physically Challenged	Kannada Medium	Deputation	Foreigner	NRI	
Kashmiri Migrant	Hyderabad Karnataka						
	es from the Comp nder that categor	•	ity shall be a	ttached, failing	which the ap	oplication wil	l not
9. (i) Deg	ree/Qualifying E	Examination P	assed:				
(ii) Percer	ntage of marks s	ecured in the (Qualifying E	xamination:			
10. Institut	ion and Universi	ty last attende	ed				
Institutio	on:		D	ate of Admissi	on:		
11. Univ	versity:		Date o	f Completion of	of Degree:		
(a) Perr	manent Resident	al Address					
E-mail i	f any:						
Telepho	ne No. if any:						
12.Posta	al Address:						
Email if	any:						
Telepho	ne No. if any:						
	e you pursued a zed University in	_					

University	Course Studied	Year	Total Marks	Marks Obtained	Percentage

14. If you have applied for other Department, give details:	
1.	2.
3.	4.
5.	6.

DECLARATION

- 1. I submit this application seeking admission to a Post Graduate Course. I declare that I read the rules and regulations in this regard.
- 2. I hereby solemnly and sincerely affirm that the statement made and information furnished in my application from and also in the enclosures thereto submitted by me are true. Should it, however, be found that any information furnished herein is untrue in material particulars, I realize that I am liable for criminal prosecution and the seat given to me shall be liable to be forfeited.

Place:	
Date:	Signature of Applicant

Note: After filling the application submit to concerned MBA/MCA department respectively