For Office Use:
**DEPARTMENT:**
**APPLICATION NO:**
**REGISTRATION NO:**

**SHIVAGANGOTHRI CAMPUS DAVANGERE & AFFILIATED PG COLLEGES**

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# DAVANGERE UNIVERSITY

**Shivagangothri, Davanagere–577007. Karnataka**

## APPLICATION FOR ADMISSION TO POST-GRADUATE DEGREE /P.G. DIPLOMA/ DIPLOMA AND CERTIFICATE PROGRAMS: 2025-26

**(MAIN CAMPUS DAVANGERE & AFFILIATED PG COLLEGES)**

**NOTE**: (i) Candidates are advised to read the instructions in the prospectus before filling out the application. Incomplete applications are subject to rejection. Separate applications must be submitted for different programs to the respective departments.

(ii) Candidates seeking admission for ONLY Post-Graduate Programs offered at PG Centre, Jnanagangothri, G.R. Halli, Chitradurga should fill-in separate application form.

| | |
|---|---|
| **PROGRAM (MA/M.Sc/M.Com/MSW/MVA/M.Ed/M.P.Ed) AND SUBJECT APPLIED FOR:** | |
| 1. Name of the Applicant: (**In block letters**) (As per SSLC Marks card) | |
| 2. Father's Name: | |
| 3. Postal Address: | |
| 4. Contact Number: | |
| 5. E-mail ID: | |
| 6. Date of Birth and Place: (As per SSLC Marks card) | |
| 7. Nationality (✓): | Indian: ☐ Foreign: ☐ |
| 8. Religion, Caste/Sub-Caste: | |
| 9. Gender (✓): | Male: ☐ Female: ☐ Others: ☐ |
| 10. Reservation Claimed: (Certificate to be enclosed) (✓) | GM ☐ SC ☐ ST ☐ C-1 ☐<br>2A ☐ 2B ☐ 3A ☐ 3B ☐ |
| 11. Differently Abled Sports/NSS/NCC/Rovers & Rangers/Children of Defense Personnel/ Kalyana Karnataka(KK) -371(J) / Kannada Medium/CSF* (Certificate to be enclosed) (✓) | DA ☐ SP ☐ NSS ☐ NCC ☐<br>RR ☐ DP ☐ KK ☐ KM ☐<br>CSF* ☐ |
| 12. Qualifying Examination | |
| 13. Marks Obtained in the Cognate Courses/Papers for which P.G. Admission is sought. (Please enclose copies of the mark sheets for all six semesters/three years.) **Note:** For the MSW program, include marks for all Courses/Papers including languages. | **Program:** |

| Year | Max Marks | Marks Obtained | Percentage | Aggregate Percentage |
|---|---|---|---|---|
| **I Year** | | | | |
| **II Year** | | | | |
| **III Year** | | | | |
| **TOTAL** | | | | |

* Supernumerary seat for Children of Suicide victim Farmers.

| | | |
|---|---|---|
| 12. Father's/Guardian's Occupation | | |
| 13. Annual Income of the Parents/Guardians' | | |
| 14. Candidate's Relationship with the Guardian | | |
| 15. Name and Address of Parent's/Guardians' E-mail/Phone/Mobile Numbers. | | |
| 16. Application Fee Paid | **Amount Rs.** | |
| | **DD/Receipt/ Bank Challan No.** | |
| | **Date:** | |
| | **Place:** | |

**DATE:**
**PLACE:**

**DECLARATION**

I hereby solemnly and sincerely declare that the statements made and information furnished by me in the Application form and also the enclosures submitted by me are **true and correct**. I know that I am liable for prosecution and forfeiture of the seat allotted to me, if in case of false/incorrect information furnished by me.

I have understood that in the event of my admission to the University Post-Graduate/P.G. Diploma/Diploma/ Certificate Program 75% attendance is mandatory. I am aware of the fact: ***I am not eligible to get the refund of fees paid for the admission process***. I agree to abide by the Academic requirements of the Program and the Rules and Regulations of the University.

**SIGNATURE OF THE PARENT/GUARDIAN** **SIGNATURE OF THE APPLICANT**

**UNDERTAKING**

Name of the Candidate:_____

Program Applied for:_____ Category_____

I wish to take admission under Enhanced Fees Structure (EFS) Seat, irrespective of the category to which I belong to. I am prepared to pay prescribed fee in full for the said Program. I agree to abide by all the Rules and Regulations of the University if admitted under the Enhanced Fees Structure.

**SIGNATURE OF THE PARENT/GUARDIAN** **SIGNATURE OF THE APPLICANT**