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

ದಾವಣಗೆರೆ ವಿಶ್ವವಿದ್ಯಾನಿಲಯ

DAVANGERE UNIVERSITY

Shivagangothri, Davanagere–577007. Karnataka

P.G.CENTRE,
G.R. HALLI,
CHITRADURGA

APPLICATION FOR ADMISSION TO POST-GRADUATE DEGREE PROGRAMS: 2025-26

(P.G. Centre, Jnanagangothri G.R. Halli, Chitradurga-577502)

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 aspiring for admissions to Post-Graduate degree courses offered at PG Centre, Jnanagangothri, Chitradurga, should only apply through this application form.

PROGRAM (MA/M.Sc/M.Com) 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 ☐ 2A ☐ 2B ☐ 3A ☐ 3B ☐
11. Differently Abled /Sports /NSS /NCC/ Rovers& Rangers/Children of Defense Personnel/ Kalyana Karnataka(HK) - 371(J) / Kannada Medium/CSF* (Certificate to be enclosed) (✓)	DA ☐ SP ☐ NSS ☐ NCC ☐ RR ☐ DP ☐ HK ☐ KM ☐ 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.

14. Father's/Guardian's Occupation		
15. Annual Income of the Parents/Guardians'		
16. Candidate's Relationship with the Guardian		
17. Name and Address of Parent's/Guardians' E-mail/Phone/Mobile Numbers.		
18. 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 Program (PG Centre, Jnanagangothri, Chitradurga) 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.

I agree to transfer my admission to Main campus Shivagangothri, Davangere, if the admission strength in any subject is less than the minimum of 15 in Post-Graduate Centre, Jnanagangothri Campus, Chitradurga.

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