KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

Study Centre Copy

Programmewise separate statement be submitted

GUWAHATI - 6

STATEMENT OF ADMISSION & REQUISITION OF SLM

SESSION : 20.....

B.B.A.....SEMESTER

STUDY CENTRE _____ CENTRE CODE | | | | |

Sl. No.	Name		M/F	Caste	Date of birth	Educational qualification	Draft		
							Amount	Number	Date

Signature with Seal of Centre-in-Charge/Co-Ordinator