

  
**KANNUR UNIVERSITY**  
**SCHOOL OF DISTANCE EDUCATION**

**APPLICATION FOR TOKEN REGISTRATION**

1	<b>NAME</b> <i>(As entered in Qualifying Certificate)</i>	in English (Capital Letters)	
		in mother tongue	
2	Enrolment Number		
3	Date of Birth		
4	Address with Pincode		
5	Contact Number		
6	Examination for which TOKEN REGISTRATION is applied for		
7	Details of fee remitted: <i>(Specify the mode of payment &amp; Attach Fee receipt in original)</i> Rs..... (Rupees .....only) 1. Treasury Chalan No. .... Date: ..... Treasury: ..... 2. S B I Current A/c Pay-in-slip No. .... Date: ..... Branch: ..... 3. S B I Collect (Online) Ref. No. .... Date: .....		
8	Details of the University Examination for which the candidate registered last time. <i>(Attach copy of Hall Ticket / Grade Card)</i>	Exam: Month & Year : Reg. No.:	
9	Reason for not registering for the Examination in time <i>(Attach Medical Certificate issued by a Registered Medical Practitioner)</i>		
<b>Documents to be enclosed. 1) Medical Certificate 2) Fee receipt 3) Filled in Examination Application with due attestation by a Gazetted Officer 4) Copy of Identity Card 5) Copy of University Order in r/o Readmitted student / Additional Degree student</b>			

Place:

Date:

Signature of Candidate

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