



# UNIVERSITY OF KERALA

Senate House Campus, Palayam  
Thiruvananthapuram-695034

## APPLICATION FORM

### **KU-MAT 2014**

Kerala University Management Aptitude Test  
For MBA Programme at UIMs 2014-2016

Serial No:

(Office use only)

Fee Remitted Particulars

Pay in Slip/DD No:.....

Amount :.....

Date : .....

Register No:

(Office use only)

1. Name in Full: \_\_\_\_\_

2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Age: \_\_\_\_\_ 4. Nationality: \_\_\_\_\_

5. Place of Birth: \_\_\_\_\_

6. Community: \_\_\_\_\_ 7. Religion: \_\_\_\_\_

7. State Whether You Belongs To SC/ST:  Yes  No

8 (a). Are you eligible for reservation under the following category as per the  
GO (MS) No.108/2008 /H.Edn, Dated 20.09.2008

Ezhava  Muslim  LC/SIUC  OBC (Christian)  OBC (Hindu)

(b).  Physically Handicapped  Sports Quota (PARTICIPATED IN  
NATIONAL/STATE/UNIVERSITY  
DURING DEGREE COURSE)

BPL (Forward Community Only)

9. Address for Communication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail: \_\_\_\_\_

10. Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ E-Mail \_\_\_\_\_

11. Name and occupation of Parent/Guardian: \_\_\_\_\_ -

12. Details of qualification examination passed:

Degree:	
Branch/Subject:	
University:	
Month & Year of Passing:	
Division/Class:	
Percentage of Marks in Aggregate:	

13. Details of marks secured in qualifying examination (specify the subject /Specialization also)

Qualifying Examination	Parts of Examination		Max. Marks	Marks Secured	% of Marks
	BA/BSc/ B.Com	Semester Courses			
	Part I	Sem1			
	Part II	Sem2			
	Part III	Sem3			
	.....	Sem4			
		Sem5			
		Sem6			
		Sem7			
		Sem8			
		Grand Total			

14. Candidates are required to choose the UIM Centres in order of their Preference:

Sl.No.	UIM Centres	Preference
1.	UIM, Poojappura	
2.	UIM, Alappuzha	
3.	UIM, Adoor	
4.	UIM, Varkala	
5.	UIM, Kollam	
6.	UIM, Kundara	
7.	UIM, Punalur	

(Preference to be marked as 1, 2, 3, 4..... in the column provided as per the order of your preference)

**Declaration**

I hereby solemnly and sincerely affirm that the statements made and the information furnished in the application form submitted by me, are true.

Place: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/2014

Signature of Applicant

CHOICE OF ENTRANCE EXAMINATION CENTRE

(PLEASE PUT ONLY ONE x MARK AGAINST YOUR CHOICE)

**Note: The University got the right to cancel any centre if there are no sufficient candidates.**

Sl.No.	Examination Centres	Choice
1.	THIRUVANANTHAPURAM	
2.	KOLLAM	
3.	ALAPPUZHA	
4.	THRISSUR	
5.	ADOOR	
6.	VARKALA	
7.	PUNALUR	



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## HALL TICKET KU-MAT 2014

NAME OF THE CANDIDATE *	
REGISTER NUMBER*	
DATE OF ENTRANCE EXAMINATION * REPORTING TIME *	
EXAMINATION CENTRE *	

Affix a Stamp  
Size Photo

(\* For Office Use Only)

Signature of the Candidate:.....

### INSTRUCTIONS TO CANDIDATES

1. Please report at the examination centre 30 minutes before the commencement of examination.
2. Hall tickets should be submitted to the Test Administrator for verification.
3. Candidates are requested to use only Black Ball point pen for the test.
4. Notes, Calculators, Cell Phones and other electronic devices are not permitted in the examination Hall.
5. Malpractices of any sort are not permissible.
6. For clarification/queries please feel free to contact us through Phone No: 0471-2386461.