



KANNUR UNIVERSITY

(ACADEMIC BRANCH)

PH:04972715335 Extn.228

DATA FOR CONSIDERING THE RECOGNITION OF DEGREES OF OTHER UNIVERSITIES/BOARDS/INSTITUTIONS

(To be filled by the Applicant)

1. Name (in block letters) : _____

2. Postal Address (in block letters) : _____

Phone number : _____

3. Sex :

4. Date of Birth :

5. Nationality:

6. Details of the Degree to be recognized

Name of University/Board/Institution	Name of Degree	Name of Study	Duration of the course	Reg.No& Year of passing	Whether Semester System	Pattern
		Regular/ Correspondence/ Distance Education/ External/Private				Single Main/Double Main/Triple Main./NA

5. Name of the Degree of Kannur University to be equated:

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6. Purpose for which recognition is sought

Employment	Higher Studies	Any other purpose
The applicant should furnish below a detailed description of the purpose		

7. Whether the certified copy of the Scheme and Syllabus of the degree to be recognized is submitted (the Scheme and Syllabus should be certified by the Registrar of concerned University) }

8. Details of the fee remitted

Name of Treasury/Bank	Chalan No.	Date	Amount

9. Details of the Documents submitted

1.
2.
3.
4.
5.

I do hereby declare that the entries made above are correct to the best of my knowledge.

Place:

Date:

Signature of the Applicant

FOR OFFICE USE ONLY

1. Whether the Degree to be recognized is a U.G.C specified Degree:

2. Whether the University which issued the Degree is approved by AIU if yes, details :

3. Expert opinion received from :

4. Whether recommended or not :

5. File No. :

ASSISTANT SECTION OFFICER ASSISTANT REGISTRAR DEPUTY REGISTRAR

R/26/5