

## **Application Form**

Candidate must fill the details below and send this form along with the prescribed fee, by DD, to the Controller of Examinations, Christ University, Office of Examination, Block –I, Bangalore-560029.

Name of the Candidate				
Register Number				
Course Studied				
Year of Convocation				
Correct Postal Address				
(Print /write in CAPITAL LETTERS)				
		Mobile Number:		
Postal Pin Number:		E-mail id	:	
DD Number: Date	: Ba	nk Name:		Place of Issue:

Signature of the candidate