

Year	Name of the Students	Graduated From	Name of the Institution Joined	Name of the Program Admitted To
2018-19	Shivanand Kadagad	B.A	K.U.D	M.A Kannada
2018-19	Vijayalaxmi Hallikeri	B.A	Soniya B.ed College Dharwad	B.Ed
2018-19	Sangeeta Bhumannavar	B.A	K.U.D	M.A Economics
2018-19	Ramesh Dombar	B.A	K.U.D	M.A Kannada
2018-19	Madu Hadapad	B.A	K.U.D	M.A Economics
2018-19	Saraswati Tigadi	B.A	Soniya B.ed College Dharwad	B.Ed
2018-19	Praveen Nayak	B.A	K.U.D	BP.Ed
2018-19	Pushpa Patted	B.A	K.U.D	M.A Economics
2018-19	Shambavi Torli	B.A	Sana College of Education	B.Ed
2018-19	Raju Doddamani	B.A	S.J.R Group B.ed	B.Ed
2018-19	Shivanand Bhajantri	B.A	Siddeshwar B.ed College Dharwad	B.Ed




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First Grade Arts & Commerce College,
Shivaji Circle, Savadatti Road, Dharwad

**KARNATAKA STATE ELIGIBILITY TEST (KSET)
FOR ASSISTANT PROFESSORSHIP
APRIL - 2021**
Final copy of Registration Form

To be filled by the Test Center Only

Roll No. **15020510**
Ref No. **64751**

Prof. R. R. Ravi
Exet. Officer, KSET
Director, Student Welfare,
Karnataka University,
Fazle Nagar,
Dharwad - 580 001

Subject Code: **2**
Center Code: **15**
Category: **CAT-111B**



32-20001



Personal Information

1. Name (as per SSC Marks Card)	SHIVANAND IRANNA KADAGAD
2. Date of Birth	26 Nov. 1998
3. Age as on (09-Mar-2021)	22 years, 3 months, 13 day
4. Sex	Male
5. Category	- CAT-111B
6. Visually Handicapped (VH)	NO
7. Physically Handicapped (PH)	NO
8. Father's Name	IRANNA
9. Mother's Name	GIHITA
10. Address for Communication	DAZAR ROAD INAMAHONGAL SAVADATTI BE, GAUM KARNATAK 591125
11. Permanent Address	DAZAR ROAD INAMAHONGAL SAVADATTI BE, GAUM KARNATAK 591125
12. Subject opted for KSET	Accounting / Passes
13. Center of Examination selected	Agawarag
14. Post-Graduation Examination	KARNATAK UNIVERSITY
15. Name of the University	KARNATAK UNIVERSITY
16. Year of Passing	ALUD
17. Marks obtained	
18. Total Marks	
19. Appropriate % of marks obtained	
20. Mobile No	9901866523
21. Email ID	shivanandkadagad@gmail.com

**Soniya Education Trust's
College of Education**
S.R. Nagar, Near Microwave Tower, Tejwadi Nagar,
DHARWAD - 580002. Tel. : 0836-2460534
Website : www.soniyaeducation.org Email : setbed@rediffmail.com



IDENTITY CARD

VIJAYALAXMI HALLIKERI
B.Ed.
1st Year : 2019-20 2nd Year : 2020-21
Roll No. : 81 DOB : 19/04/1990
Belubbi Nagar, SLAO Cross, Near Saundatti,
Dist. : Belgaum 591126
Cell : 9448340100
Principal

**KARNATAK UNIVERSITY
DHARWAD- 580 003**



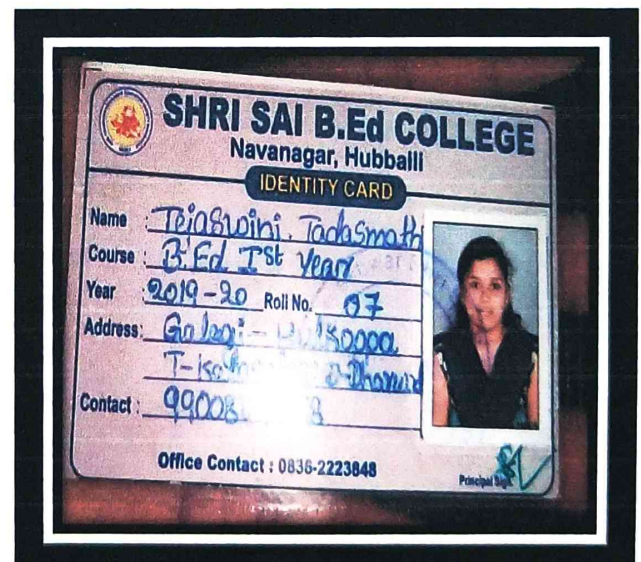
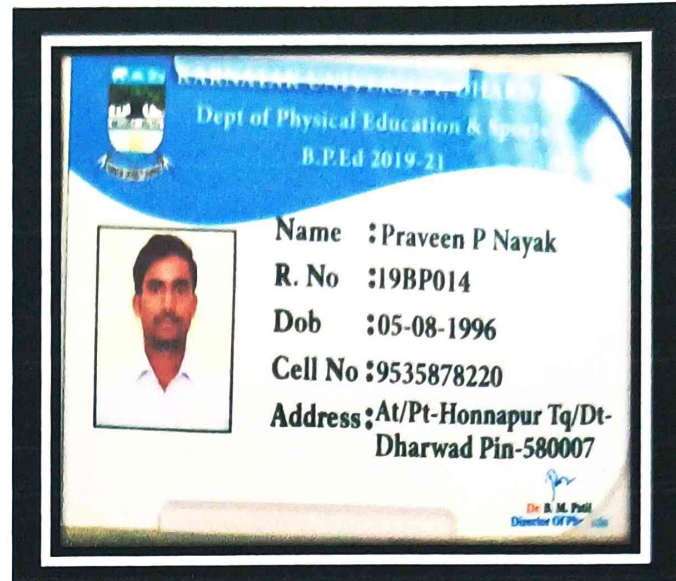
Name : **MAADHU P HADAPAD**
Dept. : **ECONOMICS**
Course : **MA II Year**

Student **Chairman** **Director**

**Professor and Chairman
Department of Economics,**




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Ministry of Education		UGC - NET December 2020 and June 2021 Cycles Admit Card Provisional		NATIONAL TESTING AGENCY	
Roll Number:	KK100025	Application Number:	210510592914		
Candidate's Name:	PUSHPAFAKKORAPPA PATTED	Father's Name:	LAKSHMIPPA		
Gender:	FEMALE	Date of Birth:	11/07/1992		
Category:	UGC - NET (GENERAL LIST)	Person With Disability (PwD):	NO		
Service:	N/A	Candidate's Signature:			
		Test Details NET & ASSISTANT PROFESSOR Economics / Dual Economics / Cooperation / Demography / Development Planning / Development Studies / Econometrics / Applied Economics / Development Policy / Business Economics 24.11.2021 09:00 A.M. (IST) 09:30 A.M. (IST) 09:00 A.M. to 12:00 (Noon) (IST) KK10002 EDUTECH SOLUTIONS/O CHETAN BUSINESS SCHOOL 100 FT ROAD, SRINAGAR, UNKAL, NEAR PRESIDENT HOTEL, HUBLI, KARNATAKA - 580031 LANDMARK: NEAR PRESIDENT HOTEL			
 In-charge, NTA					
SELF DECLARATION (UNDERTAKING) I, PUSHPAFAKKORAPPA PATTED, resident of AT POSTHEBBALLI, TO DIST DHARWAD, HEBBALLI, DHARWAD, KARNATAKA-580112, do hereby declare the following: 1. That I have read the Instructions, Guidelines, and relevant orders of the Govt. of India pertaining to COVID-19 pandemic. I have read Information Bulletin (Instructions and Notice related to the examination) available on the website https://nta.nic.in and https://nta.nic.in . 2. I have in the last 14 days (please tick wherever it is applicable to you, otherwise leave blank) a) the following flu like symptoms: Fever _____ Sore throat/runny _____ Cough _____ Nose _____ Breathlessness _____ Body aches _____ Other Please Specify _____ b) been in close contact with a confirmed case of the COVID-19 (Close contact means being at less than one meter for more than 15 minutes.) c) not been in close contact with a person suffering from COVID-19 and am NOT under mandatory quarantine d) travelled the following cities/country in the last 14 days prior to arriving at the Centre 1st City _____ 2nd City _____ 3rd City _____ 4th City _____ Name of Cities/Country Date of Arrival in Centre/City _____ 3. The health and well-being of our community is our first priority; therefore the centre reserves the right to deny entry to its premises. 4. I have read the detailed 'MERCANT AND POST MUSTI' for CANDIDATES as given on Page-2 and 'ADVISORY for CANDIDATES REGARDING COVID-19' as given on Page-3 and I undertake to abide by the same.					
Candidate's Photo/Cameras uploaded on the Application Form to be affixed before reaching the Centre.		Candidate's left hand thumb impression (To be affixed before reaching the Centre)		Candidate's Signature (To be signed on the day of the Examination in the presence of the invigilator only)	
The above undertaking has to be filled up in advance before reaching the centre, except candidate's signature which has to be done in the presence of invigilator.					
Application Number : 210510592914 IP Address : 157.45.98.153 Date and Time : 17/11/2021 04:00:29 PM (Page 1 of 3)					




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