

**K. R. NARAYANAN NATIONAL INSTITUTE OF VISUAL SCIENCE &ARTS**  
**ADMISSION-2019**  
**APPLICATION FORM FOR SECOND ALLOTMENT**

Name of the Candidate :

Address :

E-mail :

Phone Number :

Register Number :

Second Choice :

I understand all the conditions stipulated for the Second allotment.  
I also understand that this application will not confer on me any right to be called for the aptitude / skill test.

Signature

Name

To be emailed to [admn.krnivsa@gmail.com](mailto:admn.krnivsa@gmail.com) on or before 04.01.2020