

ARREAR EXAMINATION APPLICATION_____

NAME OF THE STUDENT		REGISTRATION NUMBER							
In English									
		ROLL NO:							
COURSE :		BATCH:							
SEMESTER:		MONTH & YEAR:							

Application Fee : Rs.100

Theory subject(s) : _____ x Rs.400

Practical subject(s) : _____ x Rs.400

Statement of Mark Sheet: Rs.200

Penalty (if any) :

Total Fees :

Office Use:

Amount Paid Rs. _____

A/c Approval

EXAMINATIONS APPEARING (ARREAR SUBJECTS)

S.no	Semester	Sub. Code	Name of the Subject
1			
2			
3			
4			
5			

Signature of the
Head of the Department

Signature of the Candidate

Note:

1. The candidate who does not fulfill the attendance requirement will not be permitted to write the University Examinations.
2. Incomplete application will be rejected.
3. Last date to submit filled in application in Controller of Examinations office on or before
...../...../.....
4. Students are instructed to attend Examination in Uniform with ID card and Hall Ticket.