

Form No:

(Filled By Office)



Resit Examination Form

Full Name:

(Block Letters)

(First Name)

(Middle Name)

(Surname)

Program:

Batch:

Enrollment No.

Resit in Semester:

Write subject(s), Paper(s), Practical(s), Term Work(s) as per current syllabus in which to appear at the Examination / Re-sit1/Re-sit -2

Sr. No.	Name of the Module	Sr. No.	Name of the Module
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Enclosures:-

1. Fee receipt Issue by Account Office for Rs. _____ for _____ nos.
2. Photocopy Mark sheet/Grade Card

DECLARATION

I, here by solemnly declare that the information furnished above by me is true to the best of my knowledge and belief. I also state that I have read the concerned Ordinances carefully and the provisions made therein are acceptable to me. I also declare that I will undergo such punishment as may be imposed upon me by the Authorities for errors and/or omissions including suppression of facts etc. I have carefully read concern ordinance relating to examination in general viz.-“Unless there is provision in an examination Ordinance, no person shall be allowed to take examination along with any other College Examination.” I hereby declare that I have not applied for any other examination along with this examination since simultaneous appearance is not provided in the relevant ordinance I further declare that I have not passed the examination applied for here-in-before either from this University or from any other Statutory University.

Signature of Candidate

Date: / / .

DD/MM/YYYY

Place: _____

Received By: _____

Form No.: _____

Signature: _____

Date: _____