

Separate Application should be submitted for Regular or Repeat Exam.

Mention whether Regular or Repeat

Semester No.



UNIVERSITY OF HYDERABAD

Central University Post, Hyderabad – 500046

APPLICATION FORM FOR SEMESTER EXAMINATIONS,

(To be filled by the candidate)

_____ (Month &

Year)

Roll No.:

Course: Subject:..... Semester No.:.....

1. Name of the Student(as per SSC records)(Capital Letters):.....
2. Father's Name (Capital Letters):
3. Mother's Name(Capital Letters)
4. Permanent Address:
5. Name of the Hostel (If residing in the University Hostel):
6. Mobile Phone No:

I am pursuing a regular course of study in the School/Department/Centre of during the Semester. The required particulars are given in the reverse side of this form. **The Repeat exam fee has been paid** vide bank challan dated..... for Rs.....

I shall abide by all the rules and regulations of the University regarding my eligibility to appear for the Examination. The semester registration card was issued to me on(date), a copy of which is enclosed.

Signature of the student:

Date

.....
Certified that

- a) This candidate has registered for the Current Semester (Jan-April, 2015).
- b) The candidate has been fairly regular in attendance so far and is expected to complete a regular course of study in the University for the period specified for exam.
- c) He/She fulfils the conditions laid down in Academic Ordinances.
- d) He/She has made satisfactory progress in studies and his/her conduct has been found satisfactory. The candidate may be admitted to the Examination.

Dean of the School/Head of the Dept./Director of the Centre

UNIVERSITY OF HYDERABAD

Central University P.O., Hyderabad – 500 046

SEMESTER EXMINATION, _____

(Month & Year)

ADMIT CARD

Roll No.:

Name of the Student:(as per SSC records)

Course:..... Subject:.....Semester: No..... Regular or Readmn.or Repeat exam:

Signature of the Student

for CONTROLLER OF EXAMS

P.T.O.

PARTICULARS OF THE EXAMS APPEARING FOR IN THE CURRENT SEMESTER
(To be filled by the Student)

Name of the Student (Capital Letters):

Course:..... Subject:

Course No.	Title of the Course	Semester No.	Mention whether the exam is Regular or Re-admission or Repeat/ Equivalent (alternative)

Signature of the student:
Date:

PARTICULARS OF THE EXAMS APPEARING FOR IN THE CURRENT SEMESTER
(To be filled by the Student)

Course No.	Title of the Course	Semester No.	Mention whether the exam is Regular or Re-admission or Repeat/ Equivalent (alternative)

The candidate is eligible to appear for examinations in the courses mentioned above.

Signature of the Student

Dean of the School/Head of the Dept/Director of the Centre