UNIVERSITY OF HYDERABAD
HYDERABAD, GACHIBOWLI – 500046
Email: ar_exam@uohyd.ernet.in Phone: 040-23132120
O/o the Controller of Examinations
Examination Branch
Date: 05/05/2015

CIRCULAR

SUB: Submission of Examination results – reg.

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From the result sheets submitted by different schools/departments/centers to the Controller of Examinations office, it is observed that every department submits its results in its own format, which causes difficulty in compilation and consequent delay in result notification. To ease the process of results notification and bring about uniformity and efficiency, the following measures are initiated:

1) All the schools/departments/centers shall compile the results received from various faculties and submit their final consolidated results in the **format at annexure-A** separately for each batch. If all faculties have not submitted their respective results by the last date as notified, then the same may be informed to this office.
2) All improvement results, supplementary results, repeat/ recourse results and special supplementary results shall invariably be submitted, separately for each batch, in the format given at annexure-B , C, D and F respectively.
3) Often a mismatch between course taught and course number/course title/course codes and /or discrepancies in students names, roll numbers for which result declared is observed. In the event of such occurrence, the examinations section shall be constrained to refer the results sheets back to the schools/departments/centers for correction. Therefore, the schools/departments/centers are advised to check the course code, course numbers, subject taught and grades obtained by the students for which the results are submitted.
   Note: Course code and course numbers are required to be as per the circular with regard to allotment of course number dt. 31st January 2011 (copy enclosed).
4) In case a student is absent from an exam, the same should be reflected in the consolidated results sheet as "**AB**" and if the student has not been permitted to write the examination due to shortage of attendance, the same should be indicated by marking "**XX**" in the consolidated result sheet (Annexure A).
5) All corrections should be sent to the office of the Controller of Exams through the respective Deans of the schools.

In order to enable this Office to notify the results in time, the consolidated results must be sent by the individual Centers/Departments/Schools as per the schedule published in the Academic calendar.

All formats and annexures are available under 'Documents' at http://acad.uohyd.ac.in

CONTROLLER OF EXAMINATIONS

Copy to:

1. All the Deans of Schools
2. All the Heads of Departments/Centers

DEPARTMENT OF _____/ CENTRE FOR_____

SCHOOL OF _____

ANNEXURE- A REGULAR EXAMINATIONS

NAME OF THE COURSE: **SEMESTER NO:**

TOTAL NO OF CREDITS: **MONTH & YEAR:**

Sl.No.	Reg. No.	Name of the Student	CORE/ COMPULSORY COURSES & NO OF CREDITS AND GRADES					ELECTIVE/ OPTIONAL COURSES AND NO OF CREDITS AND GRADES (if applicable)		
			(course code)	(course Code)	(Course Code)	(course Code)	(course Code)	(course code)	(course code)	(course code)
1										
2										
3										
4										

Note: Mark '**AB**' in case the student is absent for the exam, '**XX**' in case student was not allowed to write exam due to insufficient attendance.

COURSE PARTICULARS

Sl. No.	Course No	Name of the Course	No of credits	Name of the faculty
01				
02				
03				

1. Certified that the results have been compiled for all courses undertaken by the student, verified and found correct.
2. Certified that all results of all students of the department who were eligible to take the examinations have been included.

Signature of the Head of the Department

Signature of the Dean of the School

DEPARTMENT OF _____/ CENTRE FOR_____

SCHOOL OF _____

ANNEXURE- B IMPROVEMENT EXAMINATIONS

NAME OF THE COURSE: **SEMESTER NO:**

TOTAL NO OF CREDITS: **MONTH & YEAR:**

Sl.No.	Reg. No.	Name of the Student	CORE/ COMPULSORY COURSES & NO OF CREDITS AND GRADES					ELECTIVE/ OPTIONAL COURSES AND NO OF CREDITS AND GRADES (if applicable)		
			(course code)	(course Code)	(Course Code)	(course Code)	(course Code)	(course code)	(course code)	(course code)
1										
2										
3										
4										

Note: Mark '**AB**' in case the student is absent for the exam, '**XX**' in case student was not allowed to write exam due to insufficient attendance.

COURSE PARTICULARS

Sl. No.	Course No	Name of the Course	No of credits	Name of the faculty
01				
02				
03				

1. Certified that the results have been compiled for all courses undertaken by the student, verified and found correct.
2. Certified that all results of all students of the department who were eligible to take the examinations have been included.

Signature of the Head of the Department

Signature of the Dean of the School

DEPARTMENT OF _____/ CENTRE FOR_____

SCHOOL OF _____

ANNEXURE- C SUPPLIMENTARY EXAMINATIONS

NAME OF THE COURSE: **SEMESTER NO:**

TOTAL NO OF CREDITS: **MONTH & YEAR:**

Sl.No.	Reg. No.	Name of the Student	CORE/ COMPULSORY COURSES & NO OF CREDITS AND GRADES					ELECTIVE/ OPTIONAL COURSES AND NO OF CREDITS AND GRADES (if applicable)		
			(course code)	(course Code)	(Course Code)	(course Code)	(course Code)	(course code)	(course code)	(course code)
1										
2										
3										
4										

Note: Mark '**AB**' in case the student is absent for the exam, '**XX**' in case student was not allowed to write exam due to insufficient attendance.

COURSE PARTICULARS

Sl. No.	Course No	Name of the Course	No of credits	Name of the faculty
01				
02				
03				

1. Certified that the results have been compiled for all courses undertaken by the student, verified and found correct.
2. Certified that all results of all students of the department who were eligible to take the examinations have been included.

Signature of the Head of the Department

Signature of the Dean of the School

DEPARTMENT OF _____/ CENTRE FOR_____

SCHOOL OF _____

ANNEXURE- D REPEAT / RECOURSE EXAMINATION RESULT

NAME OF THE COURSE: **SEMESTER NO:**

TOTAL NO OF CREDITS: **MONTH & YEAR:**

Sl.No.	Reg. No.	Name of the Student	CORE/ COMPULSORY COURSES & NO OF CREDITS AND GRADES					ELECTIVE/ OPTIONAL COURSES AND NO OF CREDITS AND GRADES (if applicable)		
			(course code)	(course Code)	(Course Code)	(course Code)	(course Code)	(course code)	(course code)	(course code)
1										
2										
3										
4										

Note: Mark '**AB**' in case the student is absent for the exam, '**XX**' in case student was not allowed to write exam due to insufficient attendance.

COURSE PARTICULARS

Sl. No.	Course No	Name of the Course	No of credits	Name of the faculty
01				
02				
03				

1. Certified that the results have been compiled for all courses undertaken by the student, verified and found correct.
2. Certified that all results of all students of the department who were eligible to take the examinations have been included.

Signature of the Head of the Department

Signature of the Dean of the School

DEPARTMENT OF _____/ CENTRE FOR_____

SCHOOL OF _____

ANNEXURE- F SPECIAL SUPPLIMENTARY EXAMINATION RESULT

NAME OF THE COURSE: **SEMESTER NO:**

TOTAL NO OF CREDITS: **MONTH & YEAR:**

Sl.No.	Reg. No.	Name of the Student	CORE/ COMPULSORY COURSES & NO OF CREDITS AND GRADES					ELECTIVE/ OPTIONAL COURSES AND NO OF CREDITS AND GRADES (if applicable)		
			(course code)	(course Code)	(Course Code)	(course Code)	(course Code)	(course code)	(course code)	(course code)
1										
2										
3										
4										

Note: Mark '**AB**' in case the student is absent for the exam, '**XX**' in case student was not allowed to write exam due to insufficient attendance.

COURSE PARTICULARS

Sl. No.	Course No	Name of the Course	No of credits	Name of the faculty
01				
02				
03				

1. Certified that the results have been compiled for all courses undertaken by the student, verified and found correct.
2. Certified that all results of all students of the department who were eligible to take the examinations have been included.

Signature of the Head of the Department

Signature of the Dean of the School