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 Semester.
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 TO BE APPEARED
(To be filled by the Student)

Name of the Student (Capital Letters): .....

Course:..... Subject: .....

Course No.	Title of the Course	Semester No.	Regular or Readmn. or Repeat

Signature of the student:

Date:

Particulars of the Exams for which the student is appearing:

Course No.	Title of the Course	Semester No.	Regular or Readmn. or Repeat

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

Signature of the Student **Dean of the School/Head of the Dept/Director of the Centre**