

CAPITAL UNIVERSITY

(Recognized by Govt. of India u/s 2(f) of the U.G.C. Act, 1956)

Jorethang Sikkim 737128, India



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(All the information should be filled by the Examinee in English only)

EXAMINATION FORM

Examinee Status [✓]: Regular ☐ Repeat/Ex. ☐ Month:Year:

1. Program: 2. Semester: 3. Session:

4. Branch/Specialization:

5. Department:

7. Enrollment Number

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6

Paste (Do not staple)
recent Photograph
(Size 35mm x 45 mm)
duly attested by the
Dean/Principal/Head of
the Institution

8. Examinee's Name (in Capital Letters):

9. Father's/Husband's Name (in Capital Letters):

10. Mother's Name (in Capital Letters):

11. Date of Birth: 12. Category: 13. Gender: 14. Nationality:

15. Correspondence Address:

District: State: Pin Code: Contact No.:

16. Details of Qualifying Exam (Attach Self Attested Photo Copies)

(a) Name of Exam:	(b) Year of passing:
(c) Roll No:	(d) Result:
(e) College/Institute:	(f) Name of University:

17. I will be appearing for the following Papers:-

Theory			Practical		
S.No.	Paper Code	Paper Name	S.No.	Paper Code	Paper Name
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

18. DECLARATION BY THE EXAMINEE

- 1) I am aware that, I have to fulfill criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules of the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 4) I am not defying the criteria of the admission order.
- 5) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.

Place:

Date:

Signature of Examinee in running hand

19. FOR THE USE OF UNIVERSITY ACCOUNT OFFICE

Attachments				
Fee Receipt No.	Date	Amount (Rs.)	Name of Verifying Officer	Signature

20. CERTIFIED BY THE HEAD OF DEPARTMENT

This is to certify :

1. That Shri/Smt..... is a bonafide student of this college, admitted to the Program in the Session 20_ -_. He/she is not admitted to the course after the cut-off date for grant of terms.
2. That his / her attendance and eligibility to appear in University examination is as per University rules / concerned ordinance/governing council (or body).
3. That the information furnished by the said Examinee is verified from his/her documents and that the Examinee is Eligible to appear for University Examination.

Place:

Date:

Signature of the HOD