



CENTRAL UNIVERSITY OF KASHMIR

Examinations & Evaluation Wing

APPLICATION FORM SPECIAL EXAMINATION - 2016

(Form shall be filled by the candidate in block letters and in blue or black ink only)

PERSONAL INFORMATION

Programme Code Enrolment No. Semester Batch

Name

Father's Name

Mother's Name

Address for Correspondence

Paste one Recent Passport Size
Colored Photograph and
staple two similar photographs
for Hall Ticket and SAR Usage

City/Town _____ State/Province _____ Postal Code _____
Phone No. _____ Mobile No. _____ e-mail id _____

COURSE INFORMATION

Courses for which appearing in Special Examination

S. No.	Course Code	1st Attempt		2nd Attempt		3rd Attempt		4th Attempt		CIA
		MM/YY	Score Obtained	MM/YY	Score Obtained	MM/YY	Score Obtained	MM/YY	Score Obtained	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FEE DETAILS

Amount University Receipt No. Date

DECLARATION BY THE APPLICANT

I hereby declare that the statements made in this application are true and complete to the best of my knowledge and that my total backlogs are not exceeding prescribed limit of four courses after the declaration of my last/final semester result. I am aware that if at any stage, it is found that the statements made are untrue or incomplete; the University may take necessary disciplinary action. I undertake that I shall abide by the rules & regulations of the University.

Place:

Date:

(Signature of the Applicant)

Verification by EEW

Based on the records available, the applicant fulfils all the requirements (Continuous Internal Assessments (CIA)) for appearing in Special Examination and is therefore eligible for the following courses [mention course codes only]:

1. _____ 2. _____
3. _____ 4. _____

OA/LDC/Tabulator

TA/UDC

SO/AR

COE

(Turn Over)

TO BE USED IN ACADEMIC SECTION

Certified that the following details of the student has been verified from the original records maintained in the section and found in order:

(i) **Name:**

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(ii) **Enrolment No. :**

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(iii) **Batch:**

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(iv) **Programme:**

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(v) **Semester:**

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(vi) **Details of Courses eligible for Special Examination :**

Remarks:

S. No.	Course Code	Course Title	Semester
1.			
2.			
3.			
4.			

LDC/UDC

Assistant

SO/AR

(TO BE USED IN EFD OF EXAMINATIONS)

Hall Tickets generated Hall Ticket verified / validated Hall Ticket Issued

OA/LDC/Tabulator

TA/UDC

SO / COE

Remarks (if any) :