

TABLE 2 : PREVIOUS EXAMINATION INFORMATION :

SR. NO.	NAME OF EXAMINATION	MONTH & YEAR OF EXAM	SUBJECTS APPEARED	RESULT
1				
2				
3				
4				

TABLE 3 : SUBJECTS CLAIMED FOR EXEMPTION AS I PASSED THEM IN THE EXAMINATION MENTIONED IN THIS TABLE (THIS TABLE IS NOT APPLICABLE TO STUDENTS APPEARING FOR ATKT / WHOLE EXAMINATION)

SR. NO.	SUBJECT CODE (IF APPLICABLE)	SUBJECT TITLE (IF APPEARING ONLY FOR ORAL/PRACTICAL/PROJECT/CLINICAL PLEASE MENTION THE SAME)	SUBJECT TYPE : WHETHER COMPI SORY / PRINCIPAL / FS / SS	GROUP/BRANCH (IF APPLICABLE)	MONTH & YEAR OF EXAM	SEAT NO.
1						
2						
3						
4						
5						
6						

EXAMINATION FEE PAID RS. RECEIPT NO. DATE :

I HEREBY CERTIFY THAT I AM ELIGIBLE TO APPEAR IN THE AFORESAID EXAMINATION WITH/WITHOUT THE SAID EXEMPTED SUBJECTS AND THAT THE ABOVE INFORMATION IS TRUE. I WILL BE LIABLE IF THE SAME IS NOT FOUND TRUE.

DATE :

PLACE :

STUDENT'S SIGNATURE

FOR OFFICE USE ONLY

THIS IS TO CERTIFY THAT MR./MS./MRS. _____ IS A BONAFIDE STUDENT OF OUR COLLEGE/DEPARTMENT AND THE ABOVE DETAILS GIVEN BY HIM/HER ARE CORRECT AS PER OUR OFFICE RECORD.

DATE :

PLACE :

SIGNATURE OF PRINCIPAL/HEAD

SEAL

IMPORTANT INSTRUCTIONS :

1. The form submitted after the last date will not be accepted.
2. All the details should be written completely and clearly with legible handwriting. Form with incomplete details will be rejected.
3. Attested copies of the previous examination mark sheets must be attached with this form. Form without such attested copies of the previous examination mark sheets will not be accepted.
4. Strike out whichever is not applicable.
5. For * name of examination and ** month and year of examination please refer the exam notification for