OFFICE OFTHE CONTROLLER OF EXAMINATIONS: BODOLAND UNIVERSITY

Debargaon, P.O. Rangalíkhata Kokrajhar, BTC, Assam - 783370



Tel/Fax No. 03661-277129 E-maíl id bodolandcoeuniversity@gmail.com

NOTICE

EXAMINATIONS FORM FILL UP

It is hereby informed to all the students of 5th Semester MCA Arrear/Betterment (Batch 2019) and Arrear (Batch 2018) under Bodoland University that the submission of End Semester Examination forms and fees of have been scheduled. For submission of fees and forms for the MCA students, Photo copy of the concern Examination forms also be considered.

MCA 5th Semester Arrear/Betterment (Batch 2019) and Arrear (Batch 2018) Examination 2022 held in 2023

20-12-2022 (Tuesday)

: MCA

21-12-2022 (Wednesday)

: Last date with fine.

Students, who are willing to clear Arrear & Betterment 5th Semester Exam, have to submit Exam forms and fees as per the schedule in offline mode.

SEMESTER	CATEGORIES	FEES (in ₹)	DOCUMENT REQUIRED Xerox Copy (Self Attested) Registration Card/Admit Card/Grade Card of	
5 th Semester	Arrear/Betterment	1,550/-		
Practical Fee - 3	350/- Dissertation	on/Project fee	5 Schiester Examination	

Controller of Examinations Bodoland University.

Memo No. BU/COE/EX-I, III & V/2022/293/2032 - 2040 Copy forwarded to :-

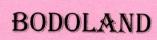
Dated 16-12-2022

- 1. The All Officers, BU
- 2. The HoD.....BU
- The Dy. Registrar (Finance), Bodoland University.
 The PS to Vice-Chancellor, BU
 The PS to Registrar, BU

- 6. The System Administrator, BU, for necessary action.
- 7. The Superintendent, Bodoland University.
- 8. Notice Board.
- 9. Guard file.

Controller of Examinations Bodoland University.

CONTROLLER OF EXAMINATIONS BODOLAND UN'TERSITY KOKRAJHAR, AVBAM &





UNIVERSITY

Semester Examination, 20_____

Department	
Roll No.	
Semester	
Admission Year	

Attempt No. $1^{st}/2^{nd}/3^{rd}$	FOR OFFICE USE ONLY
Admission Yr. to 1st Semester	Examination Roll No.
Registration No.	Semester Exam. to appear
	Provisional permission granted/Not granted
	Deputy Registrar (Exams) Signature (with date and seal)
To, The Control of th	8. Particulars of Semester Examination (Attech and
The Controller of Examina	
Bodoland University, Kok Sir,	rajnar
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for permission to present myself at the e	nsuing Semester Examination to be
held in the month of	20
Rupees (in words	have
been forwarded/deposited towards exa	mination fee.
it contradicts any rules and regulations r	the application is found to be false or misleading, and, if elating to Bodoland University Examinations, my admiscancelled forthwith by the University without showing
	Yours obediently,
Name	(in full)
BU Re	gd. No. Year
Listsbyn and men november Perman	nent Address
	t No.
<u>C E</u>	RTIFICATE
I certify that the above candidate regulation to be eligible to appea	has fulfilled all the requirements under BU examination r in backlog (arrear)/betterment (repeat) paper
	at the semester examination, 201
I know nothing against his/her m	oral character.
Date: Stabillar sansiliga A sali To sautone	Signature of the HoD (with seal)

(Fill in particulars on the reverse)

Particulars to be filled in by the Candidate

Department Backlog (arrear) Paper(s) to appear Point obtained earlier Peper(s) to appear Remarks	1.	Name in full (ir	CAPITALS):			
2. B.U. Registration No. & Year (Attach attested photocopy) 3. BU Enrollment No. 4. Date of Admission to 1st Semester 5. Father's/Guardian's Name 6. Home Address in details 7. Details of Exam. fee deposited (Attach photocopy of receipt) Particulars of Semester Examination (Attach attested photocopy of Grade Card) Department Entry Year to 1st Sem. Exam. Point obtained SGPA 9. Course/Paper in which intending to appear (See the relevant rules for backlog/betterment Exam.) Department Backlog (arrear) Grade & Grade Point obtained earlier Peper(s) to appear Point obtained earlier Peper(s) to appear Remarks 10. If expelled and debarred from appearing at any University Examination, mention in detail Examination & year of Expulsion Enrollment No. Registration No. Remarks		Miss/Mr./Mrs	s. Total light			
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Checked and Countersigned by
Head of the Department
(with date & seal)

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(Signature of	the App	licant with	h date)
Contact No.			