

**OFFICE OF THE
CONTROLLER OF EXAMINATIONS : BODOLAND UNIVERSITY**

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



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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)
5 th Semester	Arrear/Betterment	1,550/-	Registration Card/Admit Card/Grade Card of 5 th Semester Examination
Practical Fee - ₹ 350/-		Dissertation/Project fee - ₹ 500/-	Late fine - ₹ 200/-

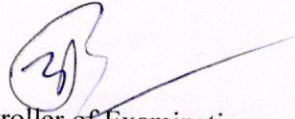
Controller of Examinations
Bodoland University.

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

Copy forwarded to :-

1. The All Officers, BU
2. The HoD.....BU
3. The Dy. Registrar (Finance), Bodoland University.
4. The PS to Vice-Chancellor, BU
5. The PS to Registrar, BU
6. The System Administrator, BU, for necessary action.
7. The Superintendent, Bodoland University.
8. Notice Board.
9. Guard file.

Dated 16-12-2022


Controller of Examinations
Bodoland University.

**CONTROLLER OF EXAMINATIONS
BODOLAND UNIVERSITY
KOKRAJHAR, ASSAM**

BODOLAND UNIVERSITY



Semester Examination, 20.....

APPLICATION

Department

Roll No.

Semester

Admission Year

FOR OFFICE USE ONLY

Attempt No. 1st / 2nd / 3rd

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 Controller of Examinations,
Bodoland University, Kokrajhar

Sir,

I fulfill the criteria under the *backlog* (arrear) & *betterment* (repeat) provision, and request for permission to present myself at the ensuing Semester Examination to be held in the month of 20

Rupees (in words) have been forwarded/deposited towards examination fee.

If any of the statements made in the application is found to be false or misleading, and, if it contradicts any rules and regulations relating to Bodoland University Examinations, my admission to the above Examination shall be cancelled forthwith by the University without showing any reason thereof.

Yours obediently,

Name (in full)

BU Regd. No. Year

Permanent Address

Contact No.

CERTIFICATE

I certify that the above candidate has fulfilled all the requirements under BU examination regulation to be eligible to appear in *backlog* (arrear)/*betterment* (repeat) paper at the semester examination, 201

I know nothing against his/her moral character.

Date :

Signature of the HoD
(with seal)

(Fill in particulars on the reverse)

Particulars to be filled in by the Candidate

1. Name in full (in CAPITALS) :
Miss/Mr./Mrs.
2. B.U. Registration No. & Year of
(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)
8. Particulars of Semester Examination (Attach attested photocopy of Grade Card)

Department	Entry Year to 1 st Semester	Course/Paper appeared in 1 st Sem. Exam.	Grade & Grade Point obtained	SGPA

9. Course/Paper in which intending to appear (See the relevant rules for *backlog/betterment* Exam.)

Department	Backlog (arrear) Paper(s) to appear	Grade & Grade Point obtained earlier	Betterment (Repeat) Paper(s) to appear	Remarks

10. If expelled and debarred from appearing at any University Examination, mention in detail :

Department	Examination & year of Expulsion	Enrollment No.	Registration No.	Remarks

Checked and Countersigned by
Head of the Department
(with date & seal)

(Signature of the Applicant with date)
Contact No.