OFFICE OF THE CONTROLLER OF EXAMINATIONS: BODOLAND UNIVERSITY

Debargaon, P.O. Rangalíkhata Kokrajhar, BTC, Assam-783 370



Tel/Fax No. 03661-277129

Dated: 14-02-2023

No. BU/COE/PGDCA/2020/234/01-08

NOTIFICATION

This is for information to all concerned that submission of examination forms for **PGDCA 1st** Semester (**Regular/Arrear/Betterment**) Examinations, 2023 of Bodoland University, Kokrajhar is scheduled to be started from 15th February, 2023.

Last date of form submission: 22-02-2023

Amount of theory examination fees.

Sl.no	Regular fees	Practical fees	Dissertation/Project fees	Centre fees	Total
1.	Rs. 880.00	Rs. 440.00	Rs 500.00	Rs. 250.00	Rs. 2070.00

- Soft copy of the form will be shared with the college and the college should supply hard copy of the same to the students.
- Documents required for Regular: Xerox copy of Admission receipt and Identity Card of 1st Semester.
- Documents required for Arrear/Betterment: Xerox copy of Grade Card and Admit Card of PGDCA 1st Semester.

Note:

- 1. The college will have to submit the completed Examinations forms along with Statement (Soft copy & hard copy) and fees to the Bodoland University on or before 24th February, 2023.
- 2. Practical fees, Dissertation/Project & centre fees per candidate may not be deposited to the University.

Controller of Examinations Bodoland University

Dated: 14-02-2023

Memo No. BU/COE/PGDCA/2020/234/01-08

Copy forwarded to:

1. All Officers, BU.

- 2. The Principals, Bengtol College and Khoirabari College.
- 3. P.S to VC, BU for kind information to Hon'ble VC
- 4. P.S. to Registrar, BU
- 5. P.S. to Finance Officer, BU
- 6. The System Administrator, BU for necessary action.
- 7. Notice Board.
- 8. Guard file.

Controller of Examinations Bodoland University

CONTROLLER OF EXAMINATIONS
BODOLAND UNIVERSITY
KOKRAJHAR ASRAM %

BODOLAND

UNIVERSITY Department Semester Examination, 20 Roll No. A O m) Hut m omsvi APPLICATION Semester

Admission year

To,

The Controller of Examinations, Bodoland University, Kokrajhar

Sir,

I do submit the examination fee and other documents along with this application and request permission to present myself at the ensuing ______ Semester Examination to be held in the month of 20

I have filled in detailed particulars on the reverse and declare that if any of the statements made in the application is found 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 (infull) BU Regd. No. Year Present Address Contact No. FOR OFFICE USE ONLY (A) On verification of application and documents, the candidate bearing Enrollment No. ______ is found to be eligible to provisionally appear at ______Semester Examination of _____ The candidate has not submitted (1) examination fee, (2) document(s) (B) , hence, is not eligible to appear

at _____ Semester Examination of _____

Signature of Office Assistant/Receiving Officer (with date & seal)

Provisional permission granted/not granted

Deputy Registrar (Examinations) Signature (with date & seal)

Particulars to be filled in by the Candidate

(Ca Reg	ndidates must si fistration and (4)	ubmit documents Clearance of due	of proof on (1) E s from library/de	Exam. Fee (2) Date partment etc.)	of Birth (3) BU				
1.		in full (in CAPITAL):							
2.	Sex:	ex :							
3.	Date of Birth:	(attach photocopy of proof)							
4.	BU Enrollmen	t No:	Year:						
5.	BU Registration	on No:		(attach photocopy)					
6.	Department to	which admitted:	Year : (attach photocopy)						
7.	Date of admiss	mission to course :							
8.	Father's/Guardian's Name:								
9.	Particulars of I	Particulars of Examination last appeared : (attach photocopy of Grade Card)							
	Examination	Roll No & year	Course/paper	SGPA	Backlog, if any				
10.	If expelled and debarred from appearing at any University Examination, state								
	Examination			Exam & date of expulsion					
11.	Particulars of Examination appearing at:								
ſ	Examination	Reg. No & year	Course/Pap	Remarks					
2.	Examination fe Particulars to be	e deposited: Rs.	(attach photoc	opy of receipt)					
	Department	Date of Adm. to course	Date of complt.	No. of Lectures delivered	% of lectures attended				
					2173711134				
uali	I certify that this candidate has attended the minimum % of lecturers required in ifferent course/paper(s), has cleared all dues of the Department, and obtained minimum ualifying marks/grade in In-semester examinations. I know nothing against his/her moral haracter. She/He may be provisionally permitted to appear the examination. This candidate is NOT eligible to appear the examination for								

Signature & Seal of the HoD (with date)