

Semester Examination, 20

APPLICATION

Department	
Name in full (in CA.oN IloA)	1.
Semester silvand\zziM	
Admission Year	

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Attempt No. 1st / 2nd / 3rd			3. BU Enrollment No.				
Admissio	Admission Yr. to 1 st Semester						
Registrati	on No.		Semester Exam. to appear				
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held in the mo	onth of	20					
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		Name (in full)					
		BU Regd. No.			Year		
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Remarks	egistration No.	Contact No.	noi	year of Expuls	Department		
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regulation t	o be eligible to				nent (repeat) paper		
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(Signature of the Applicant with date): stad

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Particulars to be filled in by the Candidate

1.		n CAPITALS):						
	Miss/Mr./Mrs.							
2.	B.U. Registration No. & Year of							
	(Attach attested photocopy)							
3.	BU Enrollment No.							
4.	Date of Admis	sion to 1st Semes		· P		and the second	rowanda	
5.	Father's/Guar	dian's Name	162			1027.0	ulturensist.	
6.	Home Address in details							
7.		m. fee deposited	N)	q				
8.		opy of receipt) Semester Examin	atio	on (Attach attested	pho	otocopy of Grade	Card)	
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9. Course/Paper in which intending to appear (See the relevant rules for backlog/better-ment Exam.)								
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10.	If expelled and	debarred from ap	pea	ring at any Univers	ity]	Examination, me	ntion in detail:	
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Checked and Countersigned by
Head of the Department
(with date & seal)

(Signature of the Applicant with date)	
Contact No.	