

PEOPLE'S UNIVERSITY, BHOPAL (MP)

(All the information should be filled by the Examinee in English only)

Examination Centre (to be filled by the University)

EXAMINATION FORM (ANNUAL PATTERN)

Examinee Status [/]: Regular Repeat/Suppl. Month:Year:

	ogram:		. 2. Year/Pro	of.:		····· 5.					
3. Specialization / Department:											
4. Ins	stitute / Facult	Past	e (Do not staple)								
							ent Photograph				
6.Eni	rollment Numb	per P U -					35mm x 45 mm)				
						duly	attested by the				
7. Ex	aminee's Nam		/Principal/Head of								
8. Father's/Husband's Name (in Capital Letters):											
9. Mother's Name (in Capital Letters):											
10. Date of Birth:											
		e Address:				•					
11.0	orrespondenc	c / taal c33:	••••••••••••								
District:											
					Cor	11act No.:					
15. Details of Qualifying Exam (Attach Attested Photo Copies)											
(a) Name of Exam: (b) Year of passing:											
(c) Enrollment No: (d) Result:											
(e) College/Institute: (f) Name of University:											
16. Examination Details											
16. E	xamination Do	etails									
16. E					en ala						
16. E		aring for the follow		o be Filled by	_	lity to appear in	-				
16. E				o be Filled by	examin	lity to appear in ation (To be ve INATOR / HOD	rified by CO-				
		aring for the follow		o be Filled by Practical	examin	ation (To be ve	rified by CO-				
	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No.	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No.	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No. 1 2	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
5.No. 1 2 3	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
5.No. 1 2 3 4	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
5.No. 1 2 3 4 5	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No. 1 2 3 4 5 6	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No. 1 2 3 4 5 6 7	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				
S.No. 1 2 3 4 5 6 7 8	I will be appe	aring for the follow examine	ee)	·	examin ORD	ation (To be ve INATOR / HOD	rified by CO- / GUIDE)				

17. DECLARATION BY THE EXAMINEE

- 1) I am aware that, I have to fulfill criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 2) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules off the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 3) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.

4) I am not defying the criteria of the admission order.5) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.										
Place: Date:				Signature of Examinee in running hand						
18. FOR THE USE OF INSTITUTION OFFICE										
				Attachments						
Fee Re	ceipt No.	Date	Amount (Rs.)	Name of Verifying Officer	Signature					
19. CERTIFICATE BY THE HEAD OF INSTITUTION										
I certify:										
1.	1. That Shri/Smt./Kum is a bonafide student of this college, admitted to the Program in the Session 20 He/she is not admitted to the course after the cut-off date for grant of terms.									
2.	That his / her attendance and eligibility to appear in University examination is as per University rules / concerned ordinance/governing council (or body).									
3.	3. That the information furnished by the said Examinee is verified from his/her documents and that the Examinee is Eligible to appear for University Examination.									
Place: Date:										
	Signature & Seal of the HOI									