

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 (SEMESTER PATTERN)

Exar	ninee Status [√]: Regular Repeat/Ex. [Mont	h:	Year:	••				
1. Pr	ogram:	2. Semester	·•			6.				
3. Br	anch:	4. Specializa	tion:							
5. Institute: Paste (Do not staple) recent Photograph										
7.Eni	rollment Numl	ber P U -				(Size 35mm x 45 mm)				
8. Ex	aminee's Nam	e (in Capital Letters):				duly attested by the Dean/Principal/Head of the Institution				
9. Father's/Husband's Name (in Capital Letters):										
10. Mother's Name (in Capital Letters):										
11. C	ate of Birth:	12. Category:	13	B. Gender:	14. Natio	nality:				
15. C	orrespondenc	e Address:								
		State:			Contact No	·:				
16. C	etails of Qual	ifying Exam (Attach Attested Pho	to Copies)							
(a)	Name of Exa	m:	(b)	Year of passi	ng:					
(c)	Enrollment N	lo:	(d)	Result:						
(e)	College/Insti	tute:	(f)	Name of Uni	versity:					
17. I	will be appea	ring for the following Papers:-								
17. I	will be appea	ring for the following Papers:- Theory			Practical					
S.No.				Paper Code		aper Name				
		Theory	1	Paper Code						
S.No.		Theory		Paper Code						
S.No. 1		Theory	1	Paper Code						
S.No. 1 2		Theory	2	Paper Code						
S.No. 1 2 3		Theory	2 3	Paper Code						
S.No. 1 2 3		Theory	1 2 3 4	Paper Code						
S.No. 1 2 3 4 5		Theory	1 2 3 4 5	Paper Code						
S.No. 1 2 3 4 5		Theory	1 2 3 4 5 6	Paper Code						
S.No. 1 2 3 4 5 6 7		Theory	1 2 3 4 5 6	Paper Code						
5.No. 1 2 3 4 5 6 7 8		Theory	1 2 3 4 5 6 7 8	Paper Code						
5.No. 1 2 3 4 5 6 7 8 9		Theory	1 2 3 4 5 6 7 8 9		P					
5.No. 1 2 3 4 5 6 7 8 9 10	Paper Code	Theory Paper Name	1 2 3 4 5 6 7 8 9 10 SPECTIVE CO	D-ORDINATOR	P./HOD/GUIDE	aper Name				

19. 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							
20. FOR THE USE OF INSTITUTION OFFICE										
Attachments										
Fee Re	ceipt No.	Date	Amount (Rs.)	Name of Verifying Officer	Signature					
21. CERTIFICATE BY THE HEAD OF INSTITUTION										
I certify	/ :									
1.	That Shri/Smt./Kum									
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									