Month: Year.....

ABHILASHI UNIVERSITY

Chailchowk, Mandi (H.P.) – 175028

END SEMESTER EXAMINATION FORM

Under Graduate/Post Graduate Programme

Important Note : Incomplete form sha	ll be rejected	(Roll No. to be	allotted by the office)
Form Deposit No	size photographs at the appropriate space provided on the ForrDate	n and Admit Card.	Affix Latest passport size Photograph Here with white background
 5. Name in English (Capital Letters) 6. Father's Name (Capital Letters) 7. Male/Female 8. Date of Birth 			

Declaration:

I solemnly declare and affirm that the particulars given above are correct and true to the best of my knowledge and nothing have been concealed therein. I am eligible for the Examination as per rules and regulations of the University. I have consulted Syllabus, Scheme, Eligibility conditions and have gone through general rules/ instructions of Abhilashi University, Chail Chowk, Mandi before filling this form and I undertake to abide by the same in all respects.

Dated.....

SIGNATURE OF THE CANDIDATE

Signature & Seal of the Dean

CERTIFICATE

The candidate fulfills the minimum eligibility criteria for appearing in the Examinations and has not less than 75% attendance, I am satisfied to the best of my knowledge that all the above mentioned particulars and photograph are of the applicant applying for examinations.

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Affix Latest passport size Photograph Here	Name of the Candidate	(R	oll N	lo. to	be allot	ted by	the offi	ce)
	Son/ Daughter of Sh							
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	Name of School							
	End Semester Exam of Sem/Year			Sess	sion			

APPEARING CAPACITY DETAILS

Examination: BAMS/ B.Sc. Agriculture/ B. Tech. / B. Pharmacy / D. Pharmacy(Allopathy)/D. Pharmacy (Ayu) / BCA/ /M. Tech. (CE,ME, CSE)/M. Pharma.(Pharmaceutics & Pharmaceutical Chemistry)/M.Sc. Mathematics/ M. Sc. Chemistry/M. Sc. Zoology/ BPT/ Veterinary Pharmacist /MBA/Ph. D

Theory			Practical				
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Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
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