

Sr. No.....

ABHILASHI UNIVERSITY

Chail Chowk, Mandi (H.P.) – 175028

END SEMESTER EXAMINATION FORM
Under Graduate/Post Graduate Programme

Month: Year.....

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(Roll No. to be allotted by the office)

Important Note : Incomplete form shall be rejected

The candidate must paste two passport size photographs at the appropriate space provided on the Form and Admit Card.

Form Deposit No.....Date

Affix Latest
passport size
Photograph Here

1. Examination for which appearing
2. SEMESTER/Year
3. Academic Session:
4. Registration No

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5. Name in English
(Capital Letters)

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6. Father's Name
(Capital Letters)

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7. Male/Female

M	F
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8. Date of Birth

		/			/			
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9. Aadhar No.

10. N.A.D Id.....

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

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.

Signature & Seal of the Dean

ABHILASHI UNIVERSITY
END SEMESTER EXAMINATION
Under Graduate/ Post Graduate
ADMIT CARD

PROVISIONAL

Roll. No

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(Roll No. to be allotted by the office)

Affix Latest
passport size
Photograph Here

Name of the Candidate

Son/ Daughter of Sh.

Name of School.....

End Semester Exam of Sem/YearSession.....

Signature of Candidate

Controller of Examinations

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		
Sr. No.	Course Code No.	Name of the Paper	Sr. No.	Course Code No.	Name of the Paper
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					