

Sr. No.....

# ABHILASHI UNIVERSITY

Chail Chowk, Mandi (H.P.) – 175028

END SEMESTER EXAMINATION FORM

Under Graduate Programme/ Post Graduate Programme

Month: ..... Year.....

**Important Note : Incomplete form shall be rejected**

(Roll No. to be allotted by the office)

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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. 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 

|   |   |
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| 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**

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ABHILASHI UNIVERSITY

**PROVISIONAL**

**ADMIT CARD**

Roll. No 

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(Roll No. to be allotted by the office)

Name of the Candidate .....

Son/ Daughter of Sh. ....

Name of School.....

End Semester Exam of Sem/Year.....Session.....

Affix Latest  
passport size  
Photograph Here

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./M.Sc. Mathematics/ M. Sc. Chemistry/M. Sc. Zoology/ BPT/ Veterinary Pharmacist /MBA/Ph. D/ B. Sc. MLT

| Theory  |                 |                   | Practical |                 |                   |
|---------|-----------------|-------------------|-----------|-----------------|-------------------|
| Sr. No. | Course Code No. | Name of the Paper | Sr. No.   | Course Code No. | Name of the Paper |
| 1.      |                 |                   |           |                 |                   |
| 2.      |                 |                   |           |                 |                   |
| 3.      |                 |                   |           |                 |                   |
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| 9.      |                 |                   |           |                 |                   |

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