Sr. No.....

ABHILASHI UNIVERSITY

Chail Chowk, Mandi (H.P.) – 175028

RE-APPEAR END SEMESTER EXAMINATION FORM Under Graduate/Post Graduate Programme

Month: Year		
Important Note: Incomplete form sho	all be rejected	(Roll No. to be allotted by the office
The candidate must paste two passport	size photographs at the appropriate space provided on theDate	
1. Examination for which	n appearing	
2. SEMESTER/Year	Affix Latest	
3. Academic Session	passport size	
4. Registration No		Photograph Here
5. Name in English (Capital Letters)		
6. Father's Name (Capital Letters)		
7. Male/Female	MF	
8. Date of Birth		
9. Aadhar No		
10. N.A.D Id		
rules/ instructions of Abhilash by the same in all respects.	ulted Syllabus, Scheme, Eligibility condition in University, Chail Chowk, Mandi before filling	ng this form and I undertake to abide
Dated	CERTIFICATE	NATURE OF THE CANDIDATE
	nimum eligibility criteria for appearing in the knowledge that all the above mentioned processes.	
		Signature & Seal of the Dean
	ABHILASHI UNIVERSITY END SEMESTER EXAMINATION Under Graduate/Post Graduate RE-APPEAR ADMIT CARD Roll. No	PROVISIONAL
Affix Latest passport size		(Roll No. to be allotted by the office)
Photograph Here	Name of the Candidate	
	Son/ Daughter of Sh	
	Name of School	
	End Semester Exam of Sem/Year	Session

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.					
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Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
1.					
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