

# ABHILASHI UNIVERSITY

Chail Chowk, Mandi (H.P.) – 175028

END SEMESTER EXAMINATION FORM  
Under Graduate/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. 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**

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**ABHILASHI UNIVERSITY**

END SEMESTER EXAMINATION

Under Graduate/ Post Graduate

**ADMIT CARD**

**PROVISIONAL**

Affix Latest  
passport size  
Photograph Here

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.....

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.					