ABHILASHI UNIVERSITY

Chail Chowk, Mandi (H.P.) - 175028

Re-appear Examination Form

UG/PG Programme

portant Note : Incomplete form sh	all be rejected	(Roll No. to	be allotted by the office	
ne candidate must paste two passpor	rt size photographs at the appropriate space provided on the F	Form and Admit Ca	ard.	
orm Deposit No	Date			
1. Examination for which	ch 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.				
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the same in all respects.		-		
ated	SIGN CERTIFICATE	IATURE OF '	THE CANDIDATE	
	inimum eligibility criteria for appearing in the			
	s Against University receipt N mowledge that all the above mentioned partic			
oplicant applying for exam		culars and pin	hograph are of the	
Accountant		Signature	e & Seal of the Dea	
••••••	ABHILASHI UNIVERSITY	•••••	•••••	
	RE-APPEAR EXAMINATION			
	Under Graduate/ Post Graduate	PROVISIONAL		
	<u>ADMIT CARD</u> Roll. No			
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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	
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Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
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