ABHILASHI UNIVERSITY

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

END SEMESTER EXAMINATION FORM

Under Graduate Programme/ Post Graduate Programme

Month: Year.....

<i>Important Note : Incomplete form shal</i> (Roll No. to be allotted by the of					
	size photographs at the appropriate space provided on the Form and Admi	t Card.			
Form Deposit No	Date				
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3. Academic Session:			-	sport si	
4. Registration No			Photo	ograph I	Here
5. Name in English (Capital Letters)					
6. Father's Name (Capital Letters)					
7. Male/Female 8. Date of Birth					
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 <u>ADMIT CARD</u>	PROVISIONAL
	Roll. No	
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/YearS	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./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	
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Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
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