



Signature of CBS Co-ordinator .....

**EVEN/ODD**

***Form for Sessional Improvement Examination***

Class Roll No.:- .....

University Regn. No.: .....

Paste Latest Photo with gum. (Attested by Chairman/CBS Coordinator)

1. Name of Examination:- .....
2. Semester....., Branch.....
3. Name of Candidate..... Father's Name:-.....
4. E-mail Id.....Phone No.....
5. Gender (Male/Female).....
6. Detail of Subjects of Sessional improvement Papers :-

Sr. No.	Name of Subject	Code of Subject	Scheme	Semester
1.				
2.				
3.				
4.				
5.				
6.				
7.				

7. Fee paid (Rs.1500/- for each semester) vide University Receipt No.....date.....(copy enclosed).

- Note:**
1. All the above fields are mandatory and to be filled by student him/herself.
  2. Attach the Photocopy of DMC/Result showing Reappear in the above subject.
  3. Students are required to fill separate form for each semester sessional improvement examination.

I solemnly declare that the particulars filled by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences and my candidature be treated as cancelled.

Date:.....

Signature of Candidate