



CENTRAL UNIVERSITY OF ANDHRA PRADESH

Ananthapuramu

APPLICATION FORM FOR SEMESTER/SUPPLEMENTARY EXAMINATIONS

(To be filled by the candidate)

Reg. No:

Programme:

Subject:

Course:

Semester:

1. Name of the Student (as per SSC records) (Capital Letters).....
2. Father's Name (Capital Letters)
3. Mother's Name (Capital Letters)
4. Permanent Address:
5. Mobile Phone No.

I am pursuing a regular course of study in the Programme of _____ during the semester. The required particulars are given on the second page of the form. The exam fee has been paid vide bank challan/receipt dated _____ for **Rs.** _____

I shall abide by all the rules and regulations of the University regarding my eligibility to appear for the Examination.

Signature of the Student:

Date:

.....

Certified that

- a. This candidate has registered for the semester
- b. The candidate has been fairly regular in attendance so far and is expected to complete a regular course of study in the University for the period specified for exam.
- c. He/She fulfills the conditions laid down in Academics Ordinances
- d. He/She has made satisfactory progress in studies and his/her conduct has been found satisfactory. The candidate may be admitted to the Examination.
- e.

Dean i/c, CUAP

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**CENTRAL UNIVERSITY OF ANDHRA PRADESH
SEMESTER/SUPPLEMENTARY EXAMINATION _____**

ADMIT CARD

Reg. No:

Name of the Student: (as per SSC records)

Course Subject Semester No: Regular exam.....

Signature of the Student

for CONTROLLER OF EXAMS

PARTICULARS OF THE EXAMS THE STUDENT IS APPEARING

(To be field by the Students)

Name of the Student (Capital Letters):

Course: Subject:.....

Course Code	Title of the Course	Semester No

Signature of the Student:

Date:

Particulars of the Exams for which the student is appearing:

Course Code	Title of the Course	Semester No

The candidate is eligible to appear for examination in the course mentioned above.

Signature of the Student

Dean i/c, CUAP