MANIPUR **W**UNIVERSITY

oplication for		Examination, 20	(
MU Registration	No.	of	
2. ROLL No.	3. C	OLLEGE/DEPT CODE	
4. Name in full			
5. Father's/Guardian's Name			
6. Permanent Address			
7. Course Code	8. Year/Sem	ester 9.	Sex M F
10. Category	G PH ST SC OBC		8
Paper Code (ABC) a. b. c. d.	Paper No. (1/2/3) Paper Code (A f. g. g. h. i. j. j.	BC) Paper No. (1/2/3)	Space for photograph DO NOT PIN/STAPLE the photograph Paste the photograph inside the box only PHOTO NOT BE ATTESTED
12. Particulars of exa	mination passed:		Signature of the Candidate in fo
Sl. Examination No. passed	University/Board	Year Roll No. Divisi	on Subjects taken
2.			
3.			
4.			
Examination	appearing at any University/Board e	, Year	Roll No

14. Details of Lecturers delivered / Attendance :

Subjects / Papers	No. of Lectures delivered	No. of Lectures attended	Percentage of attendance	Remarks
	(6)			3
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DECLARATION

I hereby declare that the information provided is correct to the best of my knowledge, in the event of any information being found incorrect my candidature shall be liable to cancellation by the University. I also undertake that I shall abide by the decision, rules and regulations of the University.

Signature of Candidate

CERTIFICATE

I certify that he/she had fulfilled all the requirements under the regulations to be eligible to appear at the above Examination.

I certify that his/her conduct and progress in study in satisfactory during the course study in this college.

Further, it is certified that the college has been granted affiliation/permission by the University to send up candidate to the above Examination in all subjects offered by the candidate.

	Signature of the Principal / H.O.D.
Dated	
	Office Seal

IMPORTANT INSTRUCTIONS FOR FILLING THE FORM

- This Form will be computer Scanned.
- Do not fold the Form.
- Avoid overwriting.
- Keep the Form Clean and dust free.
- This Form is to be filled in by the applicant in his/her own handwriting.
- Write all the particulars NEATLY in CAPITAL/BLOCK letters with BLACK GEL INK only.
- Do not use Photocopy/Xerox of this sheet.
- Do not make any stray mark on this Form.



ADMIT CARD

Registration No.	Roll No.	College/Dept Code
	Examination,	
Name of the candidate:		
Papers to be appeared:		- Audit and the first of the state of the st
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	U A	CONTROLLER OF EXAMINATION

★ Check and confirm entries before the examination.