



ARNI UNIVERSITY

KATHGARH, INDORA DISTT. KANGRA (H.P.)

Examination Form

(for Regular End Semester Examinations only)

End Semester Examination, Month _____ Year _____

Form No. E-01

S.No

Note Brief : Please read instruction given overleaf before filling the form.

To be filled in **BLOCK LETTERS**

Degree for which enrolled : _____ Stream : _____

Semester : _____ Batch : 20_____ to 20_____

Registration ID : _____

Name of Student : _____

Father's Name : _____

Mother's Name : _____

Space for
Passport Size
Photograph

Detail of Papers for which Examination is required :

Sr. No.	Subject Code	Subject Name	Signature of the Student in Examination Hall	Invigilator Name/Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I have gone through the syllabus and regulations of the Examination and understand the same for my eligibility for the examination. In case of any discrepancy filled in by me in the form, I shall be responsible for any consequences.

No Dues

Director

Sign. of candidate : _____

Dated : _____

Accounts Officer

(Seal & Signature)
(Student Eligible/Not eligible)

(For office use only)

ARNI UNIVERSITY

KATHGARH, INDORA DISTT. KANGRA (H.P.)

Admit Card

[Note : Valid for Re-Appeal Exam Only]

Registration ID. : _____

Name of Student : _____

Semester : _____ Batch : 20_____ to 20_____

Valid only for : End Semester Examination, Month _____ Year _____

Space for
Passport Size
Photograph

Controller of Examination