Controller of Examinations



GOVT. AUTONOMOUS COLLEGE, PHULBANI

APPLICATION FORM FOR P.G. <u>FIRST</u> SEMESTER EXAM. (BACK/IMPROVEMENT) 20_____
STREAM: M.A. (ANTH / ECO / POL SC) / M.SC. (LSC / PHY) (Strikeout irrelevant word)

1.	Name (in CAPITAL letters)							
2. 3.	a. Roll No. : Date of Birth :	D M M Y	/ Y Y Y	7	Regn. No. :	10 th Class Certif	ücate.)	
	In words							
4.	Father's Name :							
5.	Address for Correspondence :							
6.	Gender : (Male / Fe	emale)		7.	Caste : (Ger	n/OBC/SC/ST)		
8.	The year of Admiss	sion to (PG) Cour	se: 20					
9.	Subjects of Examination: (only fill the relevant cell)							
	SUBJECT	THEORY / PRACTICAL PAPER(S)						
		1.1	1.2		1.3	1.4	1.5	
	* Attach self signed p	hotocopy of last at	tended First Ser	nester I	Exam. Tabulat	ion Register/Grad	e Certificate.	
10.	Amount of Fees to	be deposited :						
	a. Examination Fee : ` (Upto 3 papers – `500.00 / Full fee more than 3 papers)							
	b. Late Fee : `100.00 / `400.00 (As applicable) : `							
Rece	eipt No	Date	Date			`		
	I hereby undertake to for this Examination shed by me are true ar	. I will use Roya	I Blue/Blue Blac	ck ink ir	n all my answ			
Date				ll signature of the Candidate with date				
	All particulars are v	verified.						
	Signature of Verifying Officer/H				D	Countersi	gned	
		Date	_ / /	20				