**Controller of Examinations** 



## **GOVT. AUTONOMOUS COLLEGE, PHULBANI**

## APPLICATION FORM FOR +3 <u>FIRST</u> SEMESTER EXAM. (BACK/IMPROVEMENT) 202\_\_\_ STREAM: ARTS / SCIENCE / COMME RCE (Strikeout irrelevant word)

1.	Name (in CAPITAL letters)						
2. 3.	a. Roll No. :			n. No. :	Certificate )		
0.	Date of Birth: D D M M Y Y Y Y (As recorded in 10 <sup>th</sup> Class Certificate.)  In words						
4.	Father's Name :						
5.	Address for Correspondence :						
6.	Gender : (Male / Female) 7. Caste : (Gen/OE				C/ST)		
8. 9.		on to (+3) Degree Course : 202tion : (only fill the relevant cell)					
J.	Subjects of Examinat	SUBJECT	THE	ORY PAPER(S)	LAB (PRACTICALS)		
	CORE:	Please write only subject here		1.1 C-1.2	G-1.1	C-1.2	
	GE-1 (Minor-1) :	Please write only subject here		GE-1.3	GE-1.3		
	AECC - 1 & 2: Please write only subject		CC-1.4) Please write		only subject (AECC-1.5)		
		Attach self signed photocopy of last attended First Semester Exam. Tabulation Register/Statement of Marks.					
10.	Amount of Fees to be						
	a. Examination Fee	0.00 / Rs 400.00 (As applicable)					
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Rece	eipt No.	Date	ТО	TAL : `			
1988 furnis	for this Examination.	bide by the Examination Rules of the I will use Royal Blue/Blue Black ink correct to the best of my knowledge a	in all i	my answer scripts.			
Date	: / / 2	Full signature of the Contact No. :			ndidate with (	date	
	All particulars are ver	rified.					
		Signature of Verifying Officer/HOD  Date / / 202_		Соц	Countersigned		