



DR. C.V. RAMAN UNIVERSITY

A STATUTORY UNIVERSITY UNDER SECTION 2(f) OF THE UGC ACT

Bihar, Vaishali ISO 9001:2008 CERTIFIED UNIVERSITY
AN AISECT GROUP OF UNIVERSITIES

EXAMINATION FORM

Instructions:

1. This Examination form should be filled by the candidate in his/her own handwriting.
2. Use Capital Letters in Boxes.
3. If application is not on prescribed form or incomplete, it will be rejected.
4. Separate examination form should be filling for each Semester/ Exam.
5. UID/Aadhaar No.
6. APAAR ID/ABC ID.

Affix passport size photo duly attested by Faculty Head

EXAMINATION: DECEMBER JUNE 20.....
REGULAR EX

SEMESTER **COURSE** **BRANCH NAME**

ROLL NO. **ENROLLMENT NO.**

Name of Examinee (Name in English, should be as per mark-sheet of qualifying exam)

SURNAME:

NAME:

IN HINDI:

FATHER'S NAME:

MOTHER'S NAME:

ADDRESS:

Mobile No/Tel.:

Mention Subjects (Theory) in which appearing.

Appearing in Semester/Year..... All Theory/Practical/Sessional					
Theory			Practical		
SN	Subject Code	Title of the Subject	SN	Subject Code	Title of the Subject
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		

CANDIDATE'S DECLARATION:

1. I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same.
2. I also certify that I am appearing as a candidate, only in the examination being conducted by Dr. C.V. Raman University, Vaishali, Bihar.
3. I further declare that I am neither a regular student of any other Education Institution nor appearing in any other Examination as regular candidate.
4. I understand that if it is found later on that the information furnished above is false then my result of examination will be cancelled.
5. I assure you that I will complete the requirement of attendance and sessional work prescribed for the course of my registration. Kindly permit me to appear in the examination to be held in (sem.) I accept to abide by all the rules and regulations of study and examination as prescribed by the Dept./ Institution and Dr. C.V. Raman University, Vaishali, Bihar.
6. I have read the relevant ordinance applicable to be and have completed all the requirements as given in it. I have completed my studies and have no objection in appearing in examination on the date declared by the University.

Place:

.....

Date:

Candidate's Signature

Full Name.....

(To be certified by the Faculty Head)

CERTIFIED THAT:

1. The entries in the examination form have been examined and verified properly and found correct. The candidate is eligible to appear in the examination as per relevant ordinance and rules of Dr. C.V. Raman University, Vaishali, Bihar
2. The candidate has deposited the requisite fees.
3. The aforesaid candidate is not debarred from appearing at the above examination. (Due to rustication, expulsion, attendance, practical's, illness etc.) and has completed the academic requirement as per ordinance of the University.
4. If due to any reason the student does not complete the academic requirement up to the time of exam his admission card will be returned to the University and the candidate will be debarred from appearing in the examination.

Signature of verifying officer
With date

Signature of Faculty
with Name

Note:

- ❖ The form should be signed by the Head of the Faculty only. Authorization to office Staff or putting signature seal is not allowed.
- ❖ The Head of the Department is requested to ensure that the submission of APAAR ID/ABC ID along with this form is mandatory.