

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 up for each Semester/ Exam.
- 5. UID/Aadhar No.

| Affix passport |
|-----------------|
| size photo duly |
| attested by |
| Faculty Head |

| EXAMINATION | : | | ECE EGU | | | | | | JUN EX | E | | | | 2023 | 3-24 | | | |
|--|----------|--------|------------|--------|-------------|-------|-------|-------|-----------|-------|--------|-------|------|------|------|-----|--|--|
| SEMESTER | COURSE | | | | BRANCH NAME | | | | | | | | | | | | | |
| ROLL NO. | | | | | | | | | | | | Eľ | NROI | LLM | ENT | NO. | | |
| | | | | | | | | | | | | | | | | | | |
| Name of Examine SURNAME: | ee (Name | in Eng | glish, | shou | ld be | as po | er ma | rk-sh | eet of | f qua | lifyii | ng ex | am) | | | | | |
| IN HINDI: FATHER'S NAME: MOTHER'S | | | | | | | | | | | | | | | | | | |
| NAME: ADDRESS: | | | | | | | | | | | | | | | | | | |
| Mobile No/Tel.: | | | | | | | | | | | | | | | | | | |
| Mobile No/Tel.: Mention Subjects | (Theory | & Prac | ctical) |) in w | hich | anne | aring | with | Code | . No | | | | | | | | |

Mention Subjects (Theory & Practical) in which appearing with Code No.

| Appear | ring in Semester/Ye | All Theory/Pra | actical/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 if proved false later on.
- 2. I also certify that I am appearing as a candidate, only in the examination being conducted by SCOPE Global Skills University, Bhopal (M.P.)
- 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.
- 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.
- 7. I have enclosed last passed/ attended examination marksheet with this form.

| (To be certified by the Faculty /HOD) | | | | | | |
|---------------------------------------|-----------------------|--|--|--|--|--|
| Candidate's Full Name | | | | | | |
| Place: Date: | Candidate's Signature | | | | | |
| | | | | | | |

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 SCOPE Global Skills University, Bhopal (M.P.).
- 2. The candidate had deposited the requisite fees.
- 3. The aforesaid candidate is not debarred from appearing to 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.

| C: 4 C D C E 14- | /IIOD:41. NI | and with date |
|---------------------------------|------------------------|---------------|
| Signature of Dean of Facility | V/HCID With Name | and with date |
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Note: The form should be signed by the Head of the Faculty only. Authorization to office Staff or putting signature/ seal is not allowed.