

CLUSTER UNIVERSITY OF JAMMU

EXAMINATION FORM FOR B.A/B.Sc/B.Com/BBA/Honour/Intergrated/B.Ed/M.Ed/P.G Programme

Examination Roll No		SEMESTER	
Centre of Examination			
Candidates Name			
Father's Name			
Mother's Name			
Registration No: (CLUJ)		Sex	Male/Female
Session			

Paste Your Photo

Signature in side the
Lower Box

Contact No: (Mobile)		Telephone No:	
Address:			

Tick the Correct One: **Re-appear** **Failure** **Improvement**

Qualifying Examination:

Previous Class	Prev Roll No	Year/Session	Marks obt/ Max marks	Result	Institute

Appearing in Course No's

S. No	Course Code	Course Title	S.No	Course Code	Course Title
1			6		
2			7		
3			8		
4			9		
5			10		

Solemn declaration:

- 1) I have not passed this or any other equivalent examination from this or any other University
- 2) I have read the form carefully and found all my particular correct and true.
- 3) i accept liability for action under the statutes and Regulations of the University for any mis-statement or concealment of facts.

FOR UNIVERSITY OFFICE USE ONLY

Full Signature of the Candidate _____

REPORT OF THE ACCOUNTS BRANCH

Paste Fee Receipt

REPORT OF THE EXAMINATION BRANCH

Candidate is eligible /ineligible to appear in the examination under
statues and entries made in the form have been verified
from the record and found correct.

Dealing Assistant	Head Assistant
Permitted	Not Permitted

**Signature of Principal/Head
(with designation and Stamp)**

Section Officer (Examination)
Refund claim of Rs _____ Sanctioned

Date: ____ / ____ / ____

Dealing Assistant

Head Assistant

Section Officer (Acconts)