



JAMIA HAMDARD

HAMDARD NAGAR, NEW DELHI-110062

APPLICATION FORM FOR THE ANNUAL / SUPPLEMENTARY / SEMESTER EXAMINATION,..... OF PROGRAMME OF STUDY

Roll No.....
(To be given by Office)
Enrolment No.....

Recent
Passport size
photograph

Controller of Examinations
Jamia Hamdard

Sir,

I request you to please permit me to appear at the.....
Examination of Jamia Hamdard to be held in the month of..... I have
pursued a regular course and fulfil other requirements qualifying me for appearing
in the said examination / I have to appear as an ex-student. The examination fee of
Rs..... has been deposited and the original Receipt No.....
Dated..... is attached herewith. Other particulars are given overleaf.

Signature of the Candidate

Name.....

CERTIFICATE

Certified that the candidate is a regular student/ex-student and has completed the required attendance* of lectures, practicals etc. The conduct of the candidate is satisfactory and he/she is eligible to appear in the examination mentioned above. The information furnished by the candidate overleaf has been verified from the available record. Photograph and signature of the candidate on the form are attested.

Date:.....

Dean

NOTE: *Certificate regarding attendance will be provisional and can be withdrawn at any time before the examination or during the examination, if the candidate fails to attend the required lectures, practicals etc., by the end of the session.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

1. Name of the candidate Mr./Miss/Mrs.....
(In block letters) (This must be the same as was written on the Enrolment Form)
2. Date of Birth.....(In words).....
3. Year and Date of Admission to the Programme of Study
4. Permanent Address.....
.....
5. Address for Correspondence.....
.....
6. Do you belong to Scheduled Caste/Scheduled Tribe ? If yes, specify
7. Father's Name.....
8. Mother's Name
9. Guardian's Name and Address.....
.....
10. The following particulars should be filled in if the candidate has appeared/absented in the examination(s) of Jamia Hamdard in previous year(s).

Examination	Year of Exam	Roll No.	Result

11. Subjects/Papers in which the candidate wishes to be examined.

Paper No.	Title of Paper	Year	Paper No.	Title of Paper	Year

Verified as above

Signature of the Candidate

Name.....

Local Address.....

(Head of the Dept./Dean of the Faculty)

Date.....

Phone.....