J. S. UNIVERSITY SHIKOHABAD (FIROZABAD)

EVEN SEMESTER EXAMINATION FORM

SESSION : 2019-20

Exam Form No.

STUDENT PHOTO

1. COURSE NAME

2. BRANCH/SPECILIZATION

3. SEMESTER

4. ENROLLMENT NO.

5. STUDENT NAME (In CAPITAL LETTERS, as shown in 10th certificate)

6. FATHER'S NAME (In CAPITAL LETTERS, as shown in 10th certificate)

7. MOTHER'S NAME (In CAPITAL LETTERS, as shown in 10th certificate)

8. COMPLETE POSTAL ADDRESS OF THE STUDENT

PINCODE

Aadhar No.

MOBILE NO.

9. D.O.B. ☐☐-☐☐-☐☐☐☐

10. GENDER MALE ☐ / FEMALE ☐

11. STATUS REG. ☐ / C.O. ☐

12. NATIONALITY: .....

13. CATEGORY : GEN ☐ / OBC ☐ / SC ☐ / ST ☐

14. APPEARING SUBJEST(S)/PRACTICAL(S)/SEMINAR/PROJECT

S.N.	Sub. Code	Subject Name	S.N.	Practical Code	Practical Name
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		

15. DETAIL OF PREVIOUS EXAMINATION: (Self Attested xerox copy of the statement of marks must be submitted)

S.N.	Course	ROLL. NO.	Subject	Board/Uni.	Obt.Marks	Max.Marks	Year	Division	%
1.	10TH								
2.	12TH								
3.	UG/Dip.								
4.	P.G.								

नोट:- परीक्षा फॉर्म के साथ 10th की अंकतालिका की प्रति, आधार की प्रति एवं एक फोटो विश्वविद्यालय में अवश्य जमा करें।

16. DECLARATION BY STUDENT : I hereby declare that the information given above has been filled by me & are correct to the best of my knowledge and belief. If any of information is found incorrect or distorted at any stage, I shall have no objection in cancellation of my examination form by the university. My result shall be declared as per the provisions of the ordinances of J.S. University, Shikohabad.

Date: .....

Sig. of Student

University Form Receiving Slip

I. Card No.	Student's Name	Father's Name	Class

Date: .....

Incharge Sign. .....