



EXAMINATION APPLICATION FORM

EXAMINATIONS – MID TERM / END TERM/ATKT 20_____

NOTE:

- I. The instructions given below must be read carefully before filling the enclosed application form
- II. Any wrong entry in the application will result in rejection of the application.
- III. Entries must be legible and neat

INSTRUCTIONS FOR FILLING THE APPLICATION FORM

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Write Month and Year of examination 2. Write the name of examination - Mid Term / End Term 3. Write your name legibly in capital letters, with initials at the end. 4. Write your date of birth 5. Write your Enrollment Number. | <ol style="list-style-type: none"> 6. Write your postal address with contact mobile/Phone No. clearly. (with STD code) 7. Name of the course 8. Write the title of the Theory subjects, Practical /Viva-voce you appear for and their codes 9. Enter details of amount paid as examination fee. 10. Only the candidates possessing Hall Ticket and Identity Card will be permitted to appear for the examinations. |
|---|---|

EXAMINATION FEE:-

1. Candidates who have lack of attendance and have not compensated, will not be allowed to sit in examination.
2. Bring your ID card is compulsory during examination.
3. The last date for receipt of duly filled in application by this office is
i) Without fine : 09.05.2016 ii) With a fine of Rs.100/- : 13.05.2016 iii) ATKT Fee : Rs. 200/- (per paper)
4. The filled-in application with Demand Draft shall be sent to **"THE CONTROLLER OF EXAMINATION, TeamLease Skills University" Vadodara.**

CONTROLLER OF EXAMINATIONS

1. Month & Year of Examination : _____

2. Name of the Candidate [In capital letters] : _____

3. Father's Name: _____

4. Date of Birth : _____

5. Enrollment Number : _____

6. Address for communication : _____

7. Contact No. +91 _____

8. Degree/Diploma/Certificate & Branch : _____ Semester : _____

9. Subjects to which the candidate takes up the examination appearing

S. No.	Title of subjects (Theory and / or Practical]	Subject code
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

10. Details of Payment & Fee: DD / Cash

D.D. No. _____ Date: ____/____/____

Name of the Bank: _____ Amount (Rs.): _____

No dues from Accounts _____ No dues from Library _____

I, hereby, declare that the particulars furnished above are true to the best of my knowledge. I have read the instructions and understood that my candidature will be cancelled if any of the information furnished is found false.

Place: _____

Date: _____

Signature of the Candidate