Sr. No.....

ABHILASHI UNIVERSITY

Chail Chowk,	Mandi	(H.P.)) – 175028
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END SEMESTER EXAMINATION FORM

Under Graduate Programme/ Post Graduate Programme

Month: Year.....

<u><i>Important Note : Incomplete form shall</i></u> (Roll No. to be allotted by the off														
The candidate must paste two passport s Form Deposit No 1. Examination for which 2. Year	ze photographs at th Date appearing	 	 		e For	m and	Admi	t Car	rd.	p	Affix passp otog	ort	size	5
5. Name in English (Capital Letters)														
 6. Father's Name (Capital Letters) 7. Male/Female 														
 8. Date of Birth 9 Aadhar No 		/												

Declaration:

I solemnly declare and affirm that the particulars given above are correct and true to the best of my knowledge and nothing have been concealed therein. I am eligible for the Examination as per rules and regulations of the University. I have consulted Syllabus, Scheme, Eligibility conditions and have gone through general rules/ instructions of Abhilashi University, Chail Chowk, Mandi before filling this form and I undertake to abide by the same in all respects.

Dated.....

SIGNATURE OF THE CANDIDATE

CERTIFICATE

Dated		Signat	ure & S	eal of	the I	Dean
ABHILASI	HI UNIVERSITY	•••••				
ADN	MIT CARD			PROVI	ISIONA	4L
	Roll. No					

Affix Latest
passport size
Photograph Here
Son/ Daughter of Sh.
Name of School.
End Semester Exam of Sem/Year....Session.

Signature of Candidate

APPEARING CAPACITY DETAILS

Examination: BAMS/ B.Sc. Agriculture/ B. Tech. / B. Pharmacy / D. Pharmacy(Allopathy)/D. Pharmacy (Ayu) / BCA/ /M. Tech. (CE,ME, CSE)/M. Pharma./M.Sc. Mathematics/ M. Sc. Chemistry/M. Sc. Zoology/ BPT/ Veterinary Pharmacist /MBA/Ph. D/ B. Sc. MLT

B. SC. MLI									
	al	Practica		/	Theory				
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Sr. No.	Date	Q.P. Code	Signature of Student	Signature of Invigilator	Remarks
1.					
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