

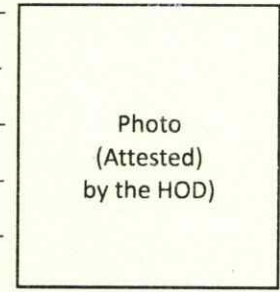


**PT. LAKHMI CHAND
STATE UNIVERSITY OF PERFORMING & VISUAL ARTS, ROHTAK**

EXAMINATION FORM

Roll No. _____

1. Name of Course _____ Semester/Year _____
2. Name of Candidate _____
3. Father's Name _____
4. Mother's Name _____
5. Registration No. _____ Male/Female _____



6. Subjects offered (with paper code):

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

7. Whether appearing in any lower examination simultaneously? If yes, give details :

Semester	Subject	Paper
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Details when appeared in these papers last :

Exam Held in	Semester	Roll No.	Marks Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you ever been guilty of using Unfair Means? If yes, give details :

Roll No.	Exam.	Semester No.	Penalty Imposed
_____	_____	_____	_____

10. Fee Detail : University Receipt No. _____ Date : _____ Rs. _____

Certified that above particulars filled in by me are correct to the best of my knowledge and nothing has been concealed therein.

Dated : _____

Signature of Candidate

Certificate to be given by the Head of Department

Certified that :

- The above student bears a good moral character and all the above particulars are correct as per office record.
- The candidate is eligible to appear in the above examination.
- He/She will be issued Roll No. only if he/she fulfils the requirement of attendance as per rules. If he/she is short of attendance, his/her Roll No. shall be retained in the office.
- The candidate has deposited the required examination fee.

Dated : _____

Head of Department
(SEAL)



**PT. LAKHMI CHAND
STATE UNIVERSITY OF PERFORMING & VISUAL ARTS, ROHTAK**

ROLL NO. SLIP

Roll No. _____

1. Name of Course _____ Semester/Year _____

2. Name of Candidate _____

3. Father's Name _____

4. Mother's Name _____

5. Registration No. _____ Male/Female _____

6. Subjects offered (with paper code):

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

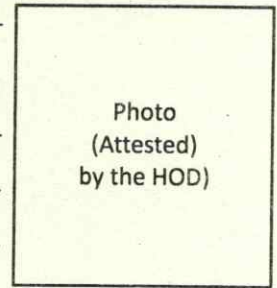
9. _____

5. _____

10. _____

7. Centre _____

No. _____



Signature of Candidate

CONTROLLER OF EXAMINATION