


 Roll No.
 (to be filled by the University)

MAHAPURUSHA SRIMANTA SANKARADEVA VISWAVIDYALAYA

 Programme Subject Semester Year
APPLICATION FORM FOR SEM EXAMINATION, 20...
IMPORTANT INSTRUCTIONS TO THE APPLICANT

- i. All particulars of the form must be filled up. Incomplete application is liable to be rejected.
- ii. The form is to be filled in **BLOCK LETTERS** other than rows 8, 9, 10 and 11 and Black dot pen be used.
- iii. Please furnish copies of **Mark-sheet(s) and Registration Certificate** duly attested by the HOD, without which the **Admit Card will not be issued.**
- iv. Sl. No. 8 and 9 are to be Ticked (✓) on the appropriate box in the right hand side.
- v. The application form must be submitted to the Controller of Examinations, MSSV on or before the last date fixed for the purpose.
- vi. Examination fee be deposited to the cash counter of the University and the duplicate copy of the fee receipt be attached with this filled up application form.

To,

The Controller of Examinations

Mahapurusha Srimanta Sankaradeva Viswavidyalaya

H.B. Road, Kalongpar, Nagaon, Assam

(Through the Head, Department of, MSSV, Nagaon)

Sir,

I have completed the curriculum for the above mentioned programme. I would, therefore, request you to permit me to appear myself at the ensuing Examination of the Programme. Necessary particulars in the following format are furnished. Duplicate copy of the receipt of the examination fee is attached.

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

1. Name of the Candidate:
(As mentioned in the Registration Card)
2. MSSV Registration No:
3. Father's Name:
4. Mother's Name:
5. Home Address:
6. Present Address:
7. Nationality:
8. Sex: Male Female
9. Caste: General OBC MOBC SC ST

10. Add-on Courses on:

11. Course(s) in which desires to be examined:

Core Course:

Sl. No.	Course Name	Course Code

Elective Course:

Sl. No.	Course Name	Course Code

I declare that if any of the statements made as above in the application are found to be not true, or if it appears as such in the opinion of the University, I have in any way contravened by the provisions of the University Rules and Regulations relating to the Examination concerned, my admission to the examination shall be liable for cancellation at any time at the discretion of the University authority before or after the examination/declaration of results.

Date:
Place:

Yours faithfully

Signature of the Candidate

Examination fee deposit Receipt No.

Dated

CERTIFICATE BY THE HEAD OF THE DEPARTMENT

I certify that the particulars furnished by the above named candidate have satisfied me that he/she has fulfilled all the requirements under the regulations to be eligible to appear as a candidate for the examination applied by him/her.

(Seal)

(Signature)
Head, Department of
MSSV, Nagaon

OFFICE NOTE

(To be filled in the Examination Branch)

Examined the particulars and found correct/not correct, and therefore, admitted/not admitted.

(Signature of the Officer)