

PERMISSION FOR ADDITIONAL PAPER

Name: _____

Father's Name: _____

Address: _____

_____ Phone/Mobile: _____

Examination Passed: BA/B.Sc/B.Com/M.A/M.Sc: _____

Passing year Annual/Supplementary 20 _____ Roll No: _____
(Should attach photocopy of previous Result Card)

Passed Elective Subjects: _____

Division/Total Marks: _____

To appear in which Subjects: _____

_____ Year: _____

(DECLARATION)

- I also declare that all the information given is correct to the best of my knowledge and belief and in case of any incorrect information or concealment of facts; I shall be liable to punishment under the Examination Rules.

Dated: ____/____/____

(Candidate's Signature)

Recommended/Not Recommended

Dy. Controller of Examinations (Cond)

Approved/Not Approved

Controller of Examinations