

**DIRECTORATE OF DISTANCE & CONTINUING EDUCATION
SAMBALPUR UNIVERSITY, JYOTI VIHAR, SAMBALPUR-768019**

FINAL APPLICATION FORM FOR REGULAR/ BACK/ REPEAT/ IMPROVEMENT

EXAMINATION - _____

Please tick the appropriate which is applicable to you.

The Application must reach the Directorate of Distance Education on or before the prescribed date notified. A candidates whose application do not reach the Directorate on or before the date specified, will not be eligible to sit for the Examination.

PARTICULARS TO BE FILLED BY THE CANDIDATE

ENROLL. NO. _____
ROLL NO. _____

1. Name of the Examination to appear: _____
2. Name of the Candidate (In Capital Letters): _____
3. Sex (Male/Female): _____
4. Address for Mailing: _____

5. Permanent Address: _____

6. Name of the Exam. Centre Appeared previously*: _____
7. Result of Last Examination*: _____
(Original Mark sheet / PCM to be attached) (For Back/Repeat/Imp candidates only)
8. Paper to be appeared as per syllabus.

PAPER	TITLE OF THE PAPER	Mark obtained*
I		
II		
III		
IV		
V		
VI		
VII		
VIII		
IX		
X		
XI		
XII		

9. Examination Fees : Rs.....
10. Infrastructure Development Fees : Rs.....
11. Total Amount of Fee remitted : Rs..... BDNNo..... Date.....

Date:

Full Signature of the Candidates

CERTIFICATE OF THE STUDY CENTER

Certified that the above named candidate was a bonafide student of this study centre. The information furnished by him/her has been checked and found correct and the candidate has cleared all installments for the said session.

Signature of the Director with seal