



MANAV BHARTI UNIVERSITY

Solan (H.P.)

EXAMINATION FORM

Roll No. _____

Semester _____ Session _____ Branch _____

Date of Admission _____ Admission Fee _____ Mode of Admission _____

Particulars to be filled in by the candidate Neatly and Legibly in his/her own handwriting

- Capacity in which appearing (State full subject) _____
- Name of Candidate in English (in block letters) _____
In Hindi _____
(Name spelling must be the same as registered for the first time with this University and shown in the Enrollment card).
- Regd. No. _____ 4 Man or Woman _____
- Do you belong to Schedule Caste/Backward Class/Schedule Tribe? (State one applicable) _____
- Father's Name (in block letters) in English _____
(In Hindi) _____
- Permanent home address _____
Contact No. → D.O.B. →
- Name of the Examination already passed which makes the candidate eligible for admission to concerned course Examination _____ Year _____ Roll No. _____
University/Board _____ Division _____
- Result of Examination already passed from Manav Bharti University, Solan (H.P.) _____

Examination	Subject Passed	Month & Year	Marks Obtained	Remarks
First Semester				
Second Semester				
Third Semester				
Fourth Semester				
Fifth Semester				
Sixth Semester				
Seventh Semester				
Eighth Semester				

Note: Please fill in the Remarks column the subject of the Semsestr Examination, if any, which are still to be cleared.

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Subject in which appearing	Course No.	Title of the Paper	If appearing under the exemption rule state the month and the year in which appeared.			
			For the first time		For the last time	
			Month	Year	Month	Year
1						
2						
3						
4						
5						
6						
7						

- Fee Receipt No. _____ Dated _____
Amount Rs. _____ Bank Draft No. _____
Dated _____ Amount Rs. _____
- Have you ever been disqualified by this or any University/Board from appearing in any examination?
Say 'Yes' or 'No' If yes, give name of examination _____ Year _____ Roll No. _____
period for which disqualified _____ Name of University/Board _____
- Present Residential Address for Correspondence _____

I solemnly declare that the above particulars have been filled in by me and are correct and in case of any discrepancy found therein subsequently at any stage I shall be responsible for the consequences arising out therefrom.

Date: _____

Signature of the Candidate
(with name)