

## ASSAM UNIVERSITY, SILCHAR, ASSAM (INDIA) **APPLICATION FORM**

Course Work Examination,......

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General Paper		Arroar Dapars		
	Course/ Paper Name	Arrear Papers Course/Paper	Course/Paper Name	
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- Gap Certificate (if any)
   Fee receipt of examination fee of ₹ 1375/-(which includes centre fee of ₹300/- and Marksheet fee of ₹75/)

Incomplete Application will be Summarily Rejected

DOWNLOADED

## To, The Controller of Examinations, Assam University, Silchar

Through the Dean, School of \_\_\_\_\_ University, Silchar.

Sir,

I request you for permission to present myself at the ensuing Course Work Examination to be held in the month of

I testify that, to the best of my knowledge and belief all the statements made by me are true and correct. If any of the statements made in the application is incorrect in the opinion of the authority of the University or I have in any way contravened the provision of the University Rules and Regulation relating to the Examination my application shall be liable to be cancelled by the authority of the University at any time.

If I fail to submit Migration Certificate before publication of the result, my result will not be published.

Yours obediently,

Signature in full ..... Correspondence address: .....

.....

Phone no. .....

Pin:						
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## LAST EXAMINATION PASSED

Date .....

Name of the Examination	Name of the University	Roll/ No.	Year of Pass

## CERTIFICATE

Certified that the above named candidate has fulfilled all the eligibility criteria to appear for the above examination and that he /she has

- (i) Completed the assignments of the Course Work.
- (ii) Satisfied the stipulation regarding attendance.
- (iii) Submitted N.O.C / Leave Sanction Order from the employer (Copy must be enclosed in case of employed candidate).
- (iv) Paid the prescribed examination fee & other dues.

Nothing is known against his/her conduct and character which debars him/her from appearing in the examination.

Place:								
Date:		Signa	iture of	<b>the H</b> (Se		of the Do	eptt.	
Forwarded the application form of Co	ourse Work Examination, 20In r	espect of						
of		Department	along	with	the	copies	of	requisite

documents for necessary permission to sit at the ensuing Course Work Examination.

Place\_\_\_\_\_

Date

Signature of the Dean of the School (Seal)

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The Controller of Examinations
Assam University, Silchar