

SUBBALAKSHMI LAKSHMIPATHY COLLEGE OF SCIENCE

(An Autonomous Institution & Reaccredited with B Grade by NAAC)

OFFICE OF THE CONTROLLER OF EXAMINATIONS

UG / MBA - Semester Examinations

Space for photo for
course completed
Student only

APPLICATION FORM

1) Name of the Student

(To be filled by the Student in BLOCK LETTERS in English as per +2 or other qualifying examinations)

| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

2) Name of the Degree:

| | | |
|-------|-------|-----|
| B.Sc. | B.Com | MBA |
|-------|-------|-----|

3) Reg. No. _____

4) Batch: _____

5) Name of the course: _____

6) Year of Studying:

| | | | |
|--------|---------|----------|------------------|
| I Year | II Year | III Year | Course completed |
|--------|---------|----------|------------------|

7) Semester: _____

8) Examination: Month

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| |
|--|

Year

| |
|--|
| |
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9) Sex : Male / Female

10) Subjects now appearing (Arrear)

| I SEMESTER SUBJECTS | SUB. CODE | II SEMESTER SUBJECTS | SUB. CODE |
|-----------------------|-----------|----------------------|-----------|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| III SEMESTER SUBJECTS | SUB. CODE | IV SEMESTER SUBJECTS | SUB. CODE |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |
| V SEMESTER SUBJECTS | SUB. CODE | VI SEMESTER SUBJECTS | SUB. CODE |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| 6 | | 6 | |
| 7 | | 7 | |
| 8 | | 8 | |

Tick (✓) in the appropriate Box

P.T.O

DECLARATION BY THE CANDIDATE

1. I declare that the particulars furnished above are true to the best of my knowledge and belief.
2. I agree to abide by the orders of the Controller of Examinations in case any one particular furnished by me is found incorrect at a later date.

Signature of the Student

11) Address and Mobile Number of the Student:

12) Verified and Checked by (Name & Signature of the Class Teacher) _____

13) Signature of HOD: _____

Fee Particulars (For office Use only):

- | | |
|--------------------------------|---------------------------------------------|
| 1) Total Amount Paid Rs. _____ | 2) Receipt Number: _____ |
| 3) Date of Payment: _____ | 4) Collected by (Name and Signature): _____ |

PRINCIPAL

(Office Seal)

Instructions to the students

1. Students should submit the Examination Application form in the prescribed format only. **Applications in any other format will not be considered.**
 2. Applications received without remittance of Examination fees and received after the prescribed last date will be summarily rejected.
 3. Applications defective in any respect will be rejected without prior notice.
 4. **Hall tickets will be issued only to the eligible students as per the existing rules and regulations.**
 5. Every student should pay an additional amount of Rs. 20/- towards the cost of the Application for registration of Examinations apart from the regular examination fees. This has been collected with the regular examinations fee.
 6. **The fees once paid will not be refunded (or) adjusted for any other purpose.**
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