

FORM - A

SEM	Name of the Paper / Subject	PART (I/II/I II/IV)	Marks Obtained			Max Marks	Month & Year of PASS	Number of Attempts
			University / External Exam	Interna l Exam	Total			
TOTAL								

(This should be attested by a Gazetted Officer)

Signature of Attesting Officer with Seal

I hereby declare that the information given above is true and correct to the best of my knowledge. Any discrepancy, I am aware that, my admission is liable to be cancelled.

Station :

Date :

SIGNATURE OF STUDENT