

SRINIVAS UNIVERSITY

MANGALURU

FORM NUMBER:

1. Na	ime o	f the	can	dida	ite	,							,	,	•									
	П					<u> </u>			T	Ī	T			Γ	T						Ī	Ī		M
2. Re	gistra	tion	no.			<u></u>				3	.Mor	nth a	nd Ye	ear o	of Exa	min	ation	1	L		4.Ser	nest	er	السل
			Π						T	7			1 [
						*********					(1)	/M)	J L		(YYY	(YY)							L	
5. Name of the Exam										6.Examination Fees								s Paid Amount Rs.						
L	\bot			_				L		1										L.	<u> </u>			
7. Ex	camin			tails	:																*			
SI. No	YEAR/ SEMESTER/				SUBJECT CODE NO.							SUBJECT STATUS				SUBJECT NAME								
1.		NO							Will Audie				·				n produce an							
2.													Territoria.											
3.				-									· · · · · · · · · · · · · · · · · · ·				*****							
4.				\downarrow	-						_													
5.				-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\perp													
6.				-							_			14										
7.				+			***************************************				\dashv					h-000-110-100010								
8. 				_							_							-						
9.				_	-7						_							-						
10.				_			***************************************				\perp													
11.				\perp		The section of the se				-						-		HATTO STORY OF THE						
12.																								
13.																								
14.		8		_						******	\perp			•										
15.																								
	The information given by me in this application is true to the best of my knowledge & belief. If I fail to accomplice with university norms, I will bind to actions like denying entry to exam hall or withholding my										Certified that particulars given by the candidate been verified and found correct.								date	have				
If I fail actions exam r	to acc s like c esults	ompl lenyi	ice w ng er	ith u itry to	niver o exa	sity n m hal	orms II or w	, I wi	ill bin oldin	d to g my														
Date: Signature of the candidate													Signature of the HOD/ Exam Co-ordinator											