



Dr. Sagar Mal Juniwal's

**APEX UNIVERSITY**

Recognized by UGC U/S 2(f) of the UGC Act

## EXAMINATION FORM

Month & Year of the Main Sem-Exam : \_\_\_\_\_

Name of Programme : \_\_\_\_\_

Branch / Specialization : \_\_\_\_\_

SEMESTER (of Back Paper Exam) : \_\_\_\_\_

Enrolment No : \_\_\_\_\_ Roll No. : \_\_\_\_\_

School of : \_\_\_\_\_

Name of Student : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Mobile No : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Affix a Recent  
Color Photograph

### Details of Subject / Papers for which appearance in Examination is being sought

S.No.	Name of Subject / Paper	Paper Code
	Theory Papers	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
	Practicals	
1.		
2.		
3.		
4.		
5.		
6.		

I have read the general instructions carefully and promise to abide by the same. The university reserves the right to cancel / withhold my result if anything misleading is found against me or for any valid sufficient reason.

Signature of Dean / Principal

Signature of Candidate

### FOR OFFICE USE ONLY

#### Fee Deposition Detail

Date	Type of Fee	Amount Deposited	Mode of Payment	Transaction Id/Receipt No.	Name of Bank

Particulars Checked by :

Signature of Concern Official

(Controller of Examination)