

Examination Admission Form
(For Fail/Re-appear Students only)

Supplementary

7. Examination already passed which makes the candidate eligible for admission to _____
 Year _____ Roll No. _____ College/Institute from which passed _____
 Marks Obtained _____ Division _____

8. Subject(s) in which appearing

1		2		3		4	
5		6		7		8	
9		10		11		12	

9. Do you belong to Scheduled caste/Tribe/Backward Class/Physical Handicapped Category may be)

No ☐ Yes ☐ State Category.....

10. Are you blind, deaf or permanently disabled for writing with your own hand? State Yes or No (as the case may be)

No ☐ Yes ☐ State Category.....

11. Have you ever been disqualified by this or any other University/Board? If so, give particulars in the following columns:

Examination	Year	Roll No.	Period of Disqualification	University/Board
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Whether any case of Unfair Means is pending against you? Yes ☐ No ☐

If yes, Class/Exam Roll No. Year

12. Are you appearing simultaneously in any other examination(s) of another University/Board?

If yes, indicate Class/Exam Name of University Board.....

Roll No. Year/Session

13. Particulars of lower Examination in which appearing simultaneously or already passed

Name of Examination Passed	Month	Year	Roll No.	Result with marks (if pass)	Re-appear paper code
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					
Sem/Year(.....)					

Note : Students of Final Semester/year are advised to attach Photo Copies of lower semester/year exams, duly attested by the Principal/Director/Head of the College/Instt.Deptt.

I solemnly declare that the particulars filled in by me are correct and that in case of any discrepancy found therein, I shall be responsible for the consequences.

Dated.....20....

Signature of the Candidate

Permanent Address

.....
.....
.....

(Tel. No./Mobile No.)

Correspondence Address

.....
.....
.....

(Tel. No./Mobile No.)

CERTIFICATE
(For Regular candidate only)

I certify that the candidate.....
S/o/D/o Sh.....

- (a) bears a good moral character, and
- (b) has fulfilled the requirement of attending lectures/practical as per the relevant ordinance;
- (c) has carried out and acquainted himself/herself to the satisfaction of the Principal/Director/Head of the College/Instt./Deptt. in the Laboratory and Sessional work etc. covered during the semester/year and periodical tests held in the College/Instt./Deptt. from time to time;
- (d) he/she has satisfied me by production of authentic documents that the particulars filled in by him/her are correct and he/she has signed the admission form in my presence;
- (e) **he/she has been found eligible for appearing in the examination as per relevant ordinance.**

Dated.....

.....
(Signature of the Principal/Director/Head)
with office seal

DIRECTIONS FOR GUIDANCE OF CANDIDATES

College/Instt/Deptt Roll No.....

1. Roll No with Date-Sheet will ordinarily be sent to the Principal/Director of the College/Institute/Deptt., 10 days before the commencement of the Examination.
2. Candidate must appear at the centre allotted to the Institution as a whole, unless otherwise specially ordered by the Controller of Examinations.
3. In case of any wrong statement in the examination form or suppression of facts, the candidate will be responsible for the consequences which might to cancellation of candidature and other disciplinary action under the Rules and Regulations of the University in force.
4. Intimation regarding result will be sent to the Principal/Director of the College/Instt/Deptt (in case of regular candidates).
5. Photo copy of the lower Examination must be attached with the Examination form.

Note: The candidate must fill in the complete/correct particulars of Lower exam to avoid unnecessary delay in the declaration of Result. The result of such a candidate who fails to fill in the complete particulars or fill in wrong particulars may be withheld/delayed.

(For Centre Superintendent)

M M UNIVERSITY, SADOPUR-AMBALA

Roll No.Slip-cum-Admit Card

Class/Course: _____

Branch: _____

Exam: Sem./Annual _____

Month : Dec/June: _____ Year: _____

Roll No.....

Regn. No.

Name

Father's Name

College/Institute

Centre of Exam

Signature of Candidate

Attested
Photograph of
the Candidate

Controller of Examinations

(For Student)

M M UNIVERSITY, SADOPUR-AMBALA

Roll No.Slip-cum-Admit Card

Class/Course: _____

Branch: _____

Exam: Sem./Annual _____

Month : Dec/June: _____ Year: _____

Roll No.....

Regn. No.

Name

Father's Name

College/Institute

Centre of Exam

Signature of Candidate

Attested
Photograph of
the Candidate

Controller of Examinations

*(This slip is to preserved by the candidate and to be
shown to the duty staff on demand, on any day of the examination)*