See Overleaf



## **GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY HISAR**

Examination Form for Re-appear and Improvement Candidates only

(Candidates are advised to use photocopy of this form for each course/semester separately and submit the same along with the requisite fee and attested copy of result /DMC directly to the Controller of Examination G.J.U.S.&T. Hisar)

| Regncom-Roll No.       |                    |                    |                     |                    |               |                           |                         |
|------------------------|--------------------|--------------------|---------------------|--------------------|---------------|---------------------------|-------------------------|
| Application form for . |                    | Semester           | Year of             | Co                 | urse for Ja   | n/June 20 examina         | tion.                   |
| Name of Candidate      | :                  |                    |                     |                    |               |                           |                         |
| Father's Name          | :                  |                    |                     |                    |               |                           | Space for               |
| Medium of Examinat     | ion :              |                    |                     |                    |               |                           | Photo                   |
| Examination Centre     | :                  | 1                  | 2                   |                    | 3             |                           | (attested)              |
| Subjects of Re-appea   | ar/Improvement F   | Papers (Write Cle  | early the Nomer     | nclature and Pape  | er Code)      |                           |                         |
| 1                      |                    | 2                  |                     |                    |               | 3                         |                         |
| 4                      |                    | 5                  |                     |                    |               | 6                         |                         |
| 7                      |                    | 8                  |                     |                    |               | 9                         |                         |
| Last session in which  | n candidate appe   | ared and got re-   | appear              |                    | Regn          | cum-Roll No               |                         |
| Session in which th    | ne candidate has   | s passed the fin   | ıal examination     | (Improvement       | cases only    | <i>'</i> ):               |                         |
|                        |                    |                    |                     |                    |               |                           |                         |
| Have you ever been     | disqualified by th | is or other Unive  | ersity? If yes, giv | ve detail as belov | v:            |                           |                         |
| Examination            |                    |                    | Semeste             | er/Year            |               |                           |                         |
| Session                |                    | Fee Paid           | d vide Univ. Rec    | eipt No./ DD No.   |               |                           |                         |
| Date                   |                    | for Rs             |                     |                    |               |                           |                         |
| I solemnly declare th  | at the particulars | s filled by me are | e correct and the   | at in case of any  | discrepan     | cy found therein, I shall | be responsible for the  |
| consequences.          |                    |                    |                     |                    |               |                           |                         |
| Postal Address         |                    |                    |                     |                    |               |                           |                         |
| E-mail                 |                    |                    |                     | Phone No. with     | h STD Cod     | le/Mob. No                |                         |
|                        |                    |                    |                     |                    |               |                           |                         |
| Dated                  |                    |                    |                     |                    |               | •                         | ature of the Candidate  |
|                        |                    |                    |                     | WAR UNIVE          |               | <br>)F                    |                         |
|                        |                    | SCIEN              | NCE AND TE          | ECHNOLOGY          | Y, HISAF      | R                         |                         |
|                        |                    |                    |                     | r Re-appear/imp    |               | ,                         |                         |
| Note: The car          | ndidate may be a   | idmitted to the E  | xamination Hall     | on production of   | this slip for | appearing in the followi  | ng examination.         |
|                        |                    |                    |                     | Regncur            | m-Roll No.    |                           |                         |
| Space for              | Name of Course     | e / Exam           |                     | Semester /         | ' Year        | Course for exami          | nation 20               |
| Photo                  |                    |                    |                     |                    |               |                           |                         |
| (attested)             |                    |                    |                     |                    |               | Centre of Exam            |                         |
|                        | orginature of tile | Canalada           |                     |                    |               |                           |                         |
|                        |                    |                    |                     |                    |               | Con                       | troller of Examinations |

## **ATTESTATION**

| I Certify that the candidate   | S/o                       | / D/o Sh   |  |  |  |  |  |
|--|---------------------------|--|--|--|--|--|--|
| •  | ne above examination; and |  |  |  |  |  |  |
| (b) the particulars filled in b  | y him/her are correct.    |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |
| Dated :  |                           | Signature of the Director of the Study centre last attended with official seal |  |  |  |  |  |
| Note: The candidates are required to mention the address on the back side of Provisional Roll No. Slip |                           |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |
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|  |                           |  |  |  |  |  |  |
| (TO BE FILLED BY THE CANDIDATE)  |                           |  |  |  |  |  |  |
| Regncum-Roll No  |                           | Course   |  |  |  |  |  |
| Name :   |                           |  |  |  |  |  |  |
| Father's Name :  |                           |  |  |  |  |  |  |
| Address (Correspondence) :   |                           |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |
|  |                           |  |  |  |  |  |  |