



## KANNUR UNIVERSITY

### APPLICATION FORM

Please Paste  
Your Photo and  
to be Self  
attested

#### First Semester ( Supplementary ) UG Programmes(CBCSS OBE) Examination November 2025

REGISTER NUMBER :	AM23BCAR12	
NAME OF THE CANDIDATE :	SREERAG SREEJITH	
PROGRAMME :	Computer Application	
CENTER OF EXAMINATION :	AMSTECK Arts and Science College, Kalliassery	
ABC ID :	383925969838	
ADDRESS :	SEEEPURA,PULIMUKKU , KUNHIPALLY ,KAKKAD , Kannur - 670005	
DATE OF BIRTH :	17-11-2004	
CHALAN NUMBER & AMOUNT	CHALAN DATE	NAME OF TREASURY
KN17611-28804-89589-13582 ( 505.00)	2025-10-22T15:41:12	SBI

#### Course details for which the student registered for examination

Sl. No.	Course Name
1	1B01BCA Programming in C

I hereby declare that all relevant columns have been filled in and that the entries made above are correct.

Place: \_\_\_\_\_ Signature of the candidate

#### CERTIFICATE

I hereby certify that the entries made above have been verified by me, and that I have found them to agree with those in the records of this college and courses selected by the student as per syllabus concerned .

#### AFFIDAVIT

**(for candidates availing fee concession who receive the grant through institution's bank account and has not remitted examination fee during registration - Strike off, if not applicable. )**

This is to certify that Sri/ Smt. **SREERAG SREEJITH** appearing for the examination in the First/ Second consecutive chance has applied for eligible fee concession in time. His/ her Examinations fee of **₹505.00** will be claimed by me from the Government Department concerned and will be remitted to the University. Details of such remittance will be informed to the Controller of Examinations.

Date : \_\_\_\_\_ Office Seal: \_\_\_\_\_ Signature of the Principal

**Note:** The principal should obtain an affidavit in the format provided in the registration page, from all SC/ST candidates who are eligible for direct beneficiary transfer as per the order.