الجامعة الإسلامية كيرالا

AL JAMIA AL ISLAMIYA, SANTHAPURAM

APPLICATION FOR SPECIAL SUPPLEMENTARY EXAMINATIONS – NOVEMBER 2023

1. Name of the candidate (In block letters)	
2. Admission Number	
3. Name of course completed	
Duration of Course	Jun 20…….. to April 20…….
4. Address for communication with E-mail ID	
5. Mobile Number	
6. Mother Tongue	Gender: M / F Date of Birth……/……. /…….

7. Details of Examination.

Sl.No	Sem	Month & Year	Name of the Paper

Sl.No	Sem	Month & Year	Name of the Paper

For Office Use Only

7. Accounts Section [Examination Fee-Rs. 200/subject]	

I hereby solemnly and sincerely affirm that the statements made and information furnished in my application as well as enclosures hereto submitted by me are true.

Place: …….
Date: …….. Signature of the candidate

DECLARATION

I do hereby declare that the entries made by the candidate have been verified by me and that I have found them to be agreeing with those in the records of the college. Certified also that the candidate has earned minimum required attendance for registration to examination and that his/her progress is satisfactory.

Place: …….
Date: …….. Signature and seal of the Principal