



# KANNUR UNIVERSITY

## APPLICATION FORM

Please Paste  
Your Photo and  
to be Self  
attested

### Sixth Semester ( Supplementary / Improvement ) UG Programmes(CBCSS OBE) Examination April 2025

REGISTER NUMBER :	SR21BR0110	
NAME OF THE CANDIDATE :	ASHITHA P V	
PROGRAMME :	Commerce	
CENTER OF EXAMINATION :	Sree Narayana College of Management Studies, Periya	
ADDRESS :	P V HOUSE,,NEAR OVER BRIDGE,UDMA , Kasaragod - 671319	
DATE OF BIRTH :	20-04-2003	
CHALAN NUMBER & AMOUNT	CHALAN DATE	NAME OF TREASURY
KN17402-88553-46312-18136 (480.00)	2025-02-23T10:52:58	SBI

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

Sl. No.	Course Name
1	6B15COM Income Tax and GST

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. **ASHITHA P V** appearing for the examination in the First/ Second consecutive chance has applied for eligible fee concession in time. His/ her Examinations fee of **₹480.00** 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.