## **UNIVERSITY OF CALICUT**

## **EXAMINATION REGISTRATION**



Name of the Candidate

CHRISTOPHER P S

Date of Birth

23.01.2000

Gender

Male

Identifying Officer's

Name, Designation and Address

Signature of Identifying Officer with Seal (To be signed on the Photograph)

Signature of the Candidate

(To be signed in the Presence of Identifying Officer) ------

## Second Semester (CBCSS - UG) Supplementary / Improvement Examination April 2022 (2019 Admission onwards)

Center	GOVERNMENT VICTORIA COLLEGE, PALAKKAD		
Communication Address	SO PETER ALOYSIUS CHRISTO NIVAS OLD POST OFFICE STREET		
	KOZHIPPARA P O PALAKKAD 678557		
Mobile Number	9995072568	e-mail pschristopher7@gmail.com	

## **Registration Details**

Chalan No.	Date of Remittance	Name of Treasury	Amount
222630503	23.10.2022	SBI Payment Gateway	230

#	Paper Code	Paper Name	Exam Type
1	ENG2A03	WRITING FOR ACADEMIC AND PROFESSIONAL SUCCESS	Supplementary

I hereby certify that the above details are correct to the best of my knowledge

Place: Signature of Candidate