



KANNUR UNIVERSITY APPLICATION FORM

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attested

First Semester (Supplementary) UG Programmes(CBCSS OBE System) Examination November 2023

REGISTER NUMBER :	MN20BBAR003	
NAME OF THE CANDIDATE :	MOHAMMED MISHAB . C .M	
PROGRAMME :	Business Administration	
CENTER OF EXAMINATION :	M.E.S. College, Naravoor	
ADDRESS :	CM HOUSE,,THALAS SERY,chirakkara , Kannur - 670104	
DATE OF BIRTH :	01-04-2000	
CHALAN NUMBER & AMOUNT	CHALAN DATE	NAME OF TREASURY
KN17030-98657-41467-18624 (1095.00	2023-12-21T00:42:43	SBI

Course details for which the student registered for examination

Sl. No.	Course Name
1	1B01BBA Principles and Practices of Management
2	1C01BBA Statistics for Business Decisions
3	1C02BBA Managerial Economics

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. **MOHAMMED MISHAB . C .M** appearing for the examination in the First/ Second consecutive chance has applied for eligible fee concession in time. His/ her Examinations fee of **₹905.00** 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.