

Register No. **NIATSCS023****UNIVERSITY OF CALICUT**
EXAMINATION REGISTRATION

Name of the Candidate	ABISHEK BAIJU		
Date of Birth	03.04.2002	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/CUCBCSS - UG) Supplementary / Improvement Examination April 2021 (2019 Admission only)

Center	NAIPUNYA INSTITUTE OF MANAGEMENT AND INFORMATION TECHNOLOGY, PONGAM, KORATTY		
Communication Address	MENACHERY HKIDANGOOR P O		
Mobile Number	9745342810	e-mail	abhishekab.z10@gmail.com

Registration Details

Chalan No.	Date of Remittance	Name of Treasury	Amount
221216597	25.02.2022	SBI Payment Gateway	230

#	Paper Code	Paper Name	Exam Type
1	MTS2C02	MATHEMATICS-2	Supplementary

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

Place:

Signature of Candidate