



KANNUR UNIVERSITY APPLICATION FORM

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attested

Third Semester (Supplementary / Improvement) UG Programmes(CBCSS OBE) Examination November 2024

REGISTER NUMBER :	AM22BCAR04	
NAME OF THE CANDIDATE :	JASEER V K	
PROGRAMME :	Computer Application	
CENTER OF EXAMINATION :	AMSTECK Arts and Science College, Kalliassery	
ADDRESS :	SAMEERA MANZIL,KARIKKANKULAM, ANAVALAPPIL,PAPPINISSERI WEST , Kannur - 670561	
DATE OF BIRTH :	28-03-2004	
CHALAN NUMBER & AMOUNT	CHALAN DATE	NAME OF TREASURY
KN17282-33972-95588-65814 (480.00)	2024-10-06T22:28:16	SBI

Course details for which the student registered for examination

Sl. No.	Course Name
1	3C03MAT-BCA Mathematics for BCA III

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. **JASEER V K** 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.