



KANNUR UNIVERSITY APPLICATION FORM

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attested

Sixth Semester (Regular) UG Programmes(CBCSS OBE) Examination April 2025

| | | |
|-------------------------------------|--|------------------|
| 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 |
| KN17395-31545-83838-09856 (1675.00 | 2025-02-14T16:35:39 | SBI |

Course details for which the student registered for examination

| Sl. No. | Course Name |
|---------|--|
| 1 | 6B17BCA Design and Analysis of Algorithm |
| 2 | 6B18BCA Introduction to Compiler |
| 3 | 6B19BCA Data Communication & Networks |
| 4 | 6B20BCA-E04 Cloud Computing |
| 5 | 6B21BCA Lab V: Enterprise Java Programming |
| 6 | 6B22BCA Lab VI: Python Programming |
| 7 | 6B23BCA Lab VII: Web Technology |
| 8 | 6B24BCA Project |

I hereby declare that all relevent 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 **₹1675.00** 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.