



KANNUR UNIVERSITY

APPLICATION FORM

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attested

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

REGISTER NUMBER :	CW22BCAR07	
NAME OF THE CANDIDATE :	DEVIKA V	
PROGRAMME :	Computer Application	
CENTER OF EXAMINATION :	Chinmaya Arts and Science College for Women, Chala	
ADDRESS :	DEVIKA,PINARAYI ,KOLAD,PARAPRAM , Kannur - 670741	
DATE OF BIRTH :	12-03-2004	
CHALAN NUMBER & AMOUNT	CHALAN DATE	NAME OF TREASURY
KN17284-90920-24864-84072 (750.00)	2024-10-09T21:50:13	SBI

Course details for which the student registered for examination

Sl. No.	Course Name
1	3A13BCA Database Management System
2	3B06BCA Introduction To Microprocessor
3	3B07BCA Java Programming

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. **DEVIKA V** appearing for the examination in the First/ Second consecutive chance has applied for eligible fee concession in time. His/ her Examinations fee of **₹750.00** 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.