



SRI SATYA SAI UNIVERSITY OF TECHNOLOGY & MEDICAL SCIENCES

[Established Under Act. 06 of 2014 by Govt. of Madhya Pradesh]

Approved by Madhya Pradesh Private University Regulatory Commission

SH-18, Bhopal-Indore Road, Opposite Oilfed Plant, Pachama, Sehore (M.P.) Pin Code – 466001

Examination Application Form

Under Graduate/Post Graduate

Regular or Ex

- Instructions :
1. This examination form should be filled in by the candidate in his/her own handwriting.
 2. Use Capital Letters in boxes.
 3. If application is not on prescribed form or incomplete, it will be rejected.
 4. Separate examination form should be filled for each Semester/Yearly exam.
 5. Use separate application form for each Semester Examination. (if applicable)

Please affix a passport size photo duly attested by Dean

Name of Examination : _____ S.No. _____

Semester/Year

Branch/Course

Roll No.

Enrollment No.

Status: Regular Ex

[that is applicable]

Name of Degree/Course

Name of Examinee (Name in English, should be as per mark sheet of qualifying exam)

Surname

Name

In Hindi :

Father's Name : (In Capital Letters) _____

Mother's Name : (In Capital Letters) _____

Present Address : _____

_____ Pin Code

Mention Subject (Theory & Practical) in which appearing with Code No.

Appearing in..... Semester/Year : All Theory/Practical/Sessional (if applicable)					
Theory			Practical		
S.No.	Subject Code	Title of the Subject	S.No.	Subject Code	Title of the Subject
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		

Details of Exam fee deposited: Amount Rs. _____ PNB Challan No. _____ Date _____



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Candidate's Declaration

1. I certify that this application has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
2. I also certify that I am appearing as Regular/Ex/ATKT candidate only in the examination being conducted by Sri Satya Sai University of Technology & Medical Sciences, Sehore (M.P.)
3. I further declare that I am neither a Regular/Ex/ATKT student of any other Education Institution nor appearing in any other Examination as regular candidate.
4. I understand that if it is found later on that the information furnished above is false then my result of examination will be cancelled.
5. I assure you that I will complete the required attendance and sessional work prescribed for the course of my registration. Kindly permit me to appear in the examination to be held in Semester/Year I accept to abide by all the rules and regulations of study and examination as prescribed by Sri Satya Sai University of Technology & Medical Sciences, Sehore (M.P.)
6. I have read the relevant ordinance applicable to be and have completed the entire requirement as given in it. I have completed my studies and have no objection in appearing in examination on the date declared by the University.

Place : _____

Date : _____

Mobile No. _____ Email : _____ Full Name: _____

Candidate's Signature

(To be Certified by the Dean of the Institution/Faculty)

CERTIFIED THAT :

1. The entries in the application form have been examined and verified properly and found correct. The candidate is eligible to appear in the examination as per relevant ordinance and rules of Sri Satya Sai University of Technology & Medical Sciences, Sehore (M.P.)
2. The candidate has deposited the required fee.
3. The aforesaid candidate is not debarred from appearing at the above examination. (Due to rustication, expulsion, attendance, practical's, illness etc.) and has completed the attendance and academic requirement as per ordinance of the University and not covered under the provision of N.F.T.
4. If due to any reason the student does not complete the academic requirement up to the time or exam his admission card will be recovered by the department and the candidate will be detained from appearing in the examination.

Signature of verifying officer

With date

Signature of Dean of the Institution/Faculty

With Seal

Note: The form should be signed by ink pen only by the Dean of the Institution/Faculty. Authorization of office staff or putting signature seal is not allowed.