



Application Form for appearing in End Semester Examination, MAY/NOV-200__

General Instructions : All the candidates who would like to appear for the End Semester Examination for Diploma Programme conducted under this Council are requested to fill up this form legible. The completed forms shall be submitted in the office of the respective institution along with the relevant fee. The institution shall forward duly verified forms to this office within the applicable date. The center for Examination will be the respective institution where students is pursuing Diploma Programme, unless otherwise specified by the Council regarding change of center (if any). For any clarification or further details candidates have to approach respective institution/center.

1. Name of the Institution : _____
(if Examination Center)
2. Programme / Department : _____
3. Name of the Candidate : Miss/Mr.
(IN BLOCK LETTERS)
4. Father's Name : Mr./Late
(IN BLOCK LETTERS)
5. Mother's Name Mrs./Late
(IN BLOCK LETTERS)
6. Registration Number :
7. Roll No :
8. Sex : Male/Female
(Strike off whichever is not applicable)
9. Category : APST/Others

10. Details of the Courses / Subject in which to appear :
(Maximum No. of Courses (Theory component) in which a student can appear in an end semester examination is limited to 10 (Ten))

Sl. No.	Course Code	Subject /Course Title	Theory	Practical
			(Please tick the component in which to appear)	
1				
2				
3				
4				
5				
6				
7				

11. Details of the Subject/Courses in which to appear in the Backlog Examination :

Sl. No.	Course Code	Subject /Course Title	Theory	Practical	Semester (Mention I,II,III etc)
			(Please tick the component in which to appear)		

Declaration :

I am not appearing for any other examination conducted by this or any other board in the current academic session.
I have fulfilled all the criteria required for appearing this examination like attendance, internal assessment etc.
I declare that I will not involve in any kind of act/conduct which disturbs the sanctity of the examination activities.
I accept liability for action under the rules and regulations of the Council for any misstatement and or concealment of facts.
I shall abide by the rules and regulations implemented by the Council from time to time.

Signature of the Candidate

CERTIFICATE

It is certified that the candidate fulfills all the criteria and is eligible for appearing in the examination as mentioned in this Application Form. This application has been duly verified by this institution and found correct in all respects.

Dated :

PRINCIPAL
(Signature with Seal)

OFFICE USE

This application has been verified and the students has been found eligible for appearing in all/only in

_____ course/subject as per the office records.

Dated :

For APSCTE
