झारखण्ड केन्द्रीय विश्वविद्यालय CENTRAL UNIVERSITY OF JHARKHAND



[Established by an Act of Parliament of India, 2009]

EXAMINATION FORM (Regular / Back)

Even/Odd Semester Examination-20..... (..... Semester)

1.	Name of th	ne Student					
2.	Mother's N	lame					
3.	Father's Na	ame					
4.	Date of Bir	rth		5. Sex		6. Nationality	
7.	Permanent Address:-						
Village/Street					City:-		
District				State:-			
PIN					Contact No.		
					and Email.		
8.	Category						
9.	Registration Number					10. Semester	1 st
11.	Name of the Department		ent				
12.	12. Name of the Course						

13. Name of the Papers

SI. No	Paper Name	Paper Code	Credit	
1				
2				
3				
4				
5				
6				
7				
8				
Total Credit				

Amount of Semester Fee Paid	Da	ate	
(Attach Proof)			

Signature of the	Date	
Student		

Head/Coordinator