

DIRECTORATE OF DISTANCE EDUCATION, SWAMI VIVEKANAND SUBHARTI UNIVERSITY

EXAMINATION FORM (CREDIT TRANSFER) (Batch.....)

Enroll. No.:

Roll. No.:

A.F. Code:

Name of the Programme with year:

A. Particulars of Candidate (In Block letters):

1. Full Name of Candidate (Sh./Smt/Km).....
2. Father's/Husband's Name (Shri).....
3. Mother's Name (Smt).....
4. Date of Birth.....
5. Complete Address for Correspondence.....

6. Permanent Address

Phone/Mob. No.: E-mail ID:

7. A.F. Address with City:

8. Preferred City of Examination:

(Note- In case if preferred city is not mentioned, the city of A.F. will be considered as the city of examination)

B. Subjects of Examination:

S. No.	Paper Code	Title of Paper

C. Exam Fee Details (to be filled by A.F./individual):

Examination Fee Rs. in favor of SVSU, DDE, payable at Meerut.

D.D. Details: DD No.....Date.....Amount.....Bank.....

UNDERTAKING BY STUDENT

I hereby undertake that

1. I know the eligibility to appear in the annual examination.
2. I have mentioned and submitted the course fee to the University.
3. I have correctly mentioned my enrollment number.
4. I have clearly filled all the subjects of my course in which I will appear in the examination.
5. I have mentioned my A.F. Code in the form.
6. I have attended all the necessary practical classes at my study centre.
7. I have self attested my photograph on the form.
8. I have submitted my assignment work.
9. I have clearly mentioned the city in which I wish to give my examination.

All the information filled by me in this examination form is true to the best of my knowledge.

(Signature of Student with Full Name)

Sign. of Administrative Controller/Coordinator (with Office Seal & Date)