

**GOVT. AUTONOMOUS COLLEGE, PHULBANI****APPLICATION FORM FOR +3 SIXTH SEMESTER EXAM. (BACK/IMPROVEMENT) 202\_\_****STREAM : ARTS / SCIENCE / COMMERCE (Strikeout irrelevant word)**

1. Name (in CAPITAL letters) \_\_\_\_\_

2. a. Roll No. : b. Regn. No. : 3. Date of Birth : 

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 (As recorded in 10<sup>th</sup> Class Certificate.)

In words \_\_\_\_\_

4. Father's Name : \_\_\_\_\_

5. Address for Correspondence : \_\_\_\_\_

6. Gender : (Male / Female) 7. Caste : (Gen/OBC/SC/ST) 

8. The year of Admission to (+3) Degree Course : 202\_\_

9. Subjects of Examination :

	SUBJECT	THEORY PAPER(S)		LAB (PRACTICALS)	
<b>CORE :</b>	Please write only subject here	C-6.1	C-6.2	C-6.1	C-6.2
<b>DSE – 3 :</b>	Please write only subject here	DSE-6.3		DSE-6.3	
<b>DSE – 4 :</b>	Please write only subject here	DSE-6.4		DSE-6.4	

10. Amount of Fees to be deposited :

a. Examination Fee : ₹ \_\_\_\_\_

b. Late Fee : ₹ 100.00 / ₹ 400.00 (As applicable) : ₹ \_\_\_\_\_

**TOTAL** : ₹ \_\_\_\_\_

I hereby undertake to abide by the Examination Rules of the College/Odisha Conduct of Examination Act(2) of 1988 for this Examination. I will use Royal Blue/Blue Black ink in all my answer scripts. The above particulars furnished by me are true and correct to the best of my knowledge and belief.

Date : \_\_\_\_ / \_\_\_\_ / 202\_\_

**Full signature of the Candidate with date****Contact No. :**

All particulars are verified.

Signature of Verifying Officer/HOD

Countersigned

Date \_\_\_\_ / \_\_\_\_ / 202\_\_

Controller of Examinations