



INDIRA GANDHI TECHNOLOGICAL AND MEDICAL SCIENCES UNIVERSITY, ZIRO

Date:

No:

EXAMINATION APPLICATION FORM

MONTH _____, YEAR _____

Programme Detail:

Programme :.....

SEMESTER (for Semester Examinations based programmes):.....

YEAR (For Annual Examination based programmes):.....

Student Detail:

Name :

Enrollment Number:

Father's Name:

Date of Birth

Mobile Number.....

Fee Clearance Detail:

Annual Fee Clearance Certificate Number:

Examination Fee Receipt (for batches admitted before 2017-18):.....

Library NOC:

Library NOC Number :

HOD NOC:

HOD NOC Number:

Examination Details:

Wanting to appear in Regular Examination ? YES / NO

Wanting to appear in Improvement Examination? YES / NO

If YES, please provide details

1. Examination Fee Receipt :

2. Course(s) detail

Table with 2 columns: Course No., Course Name

I request you for permission to present myself at the ensuing University Examinations/APNC to be held in the month of 20.....

[Signature of Student]