

Total Fee.....
Receipt No.....
Date:.....
Signature (Accounts)

Examination Form (For Mercy Chance Candidates only)

1. Enrollment No. : _____
2. Name : _____
3. Father's Name : _____
4. Programme : _____ Branch _____
5. Mobile No. : _____ Batch _____
6. Reason for Mercy Chance : _____
(Attach Valid Documentary Proof) _____

Subject in which re-appear (Mercy Chance) applicable

S.No.	Sem	Sub. Code	Subject Name	Theory	Practical

Certified that the particulars and information given above are correct to the best of my knowledge.

Full Signature of the Applicant

(FOR OFFICE USE ONLY)

It is recommended that the applicant _____ son/daughter of _____
may be allowed Mercy Chance to appear in the examination as stated above under the Ordinances/
Regulations in force on the prescribed fee.

Dean
(Signature with Official stamp)

Remarks Regarding Case:

Controller of Examinations

Approval of the Competent Authority :

Signature of President