



KUMAUN UNIVERSITY
Sleepy Hollow, Nainital, 263001. Uttarakhand, India
(EXAMINATION REGISTRATION FORM)

COURSE APPLYING FOR	<hr/>	PHOTOGRAPH
SEMESTER	<hr/>	
NAME OF STUDENT	<hr/>	
FATHER'S NAME	<hr/>	
MOTHER'S NAME	<hr/>	
DATE OF BIRTH	<hr/>	
MOBILE NUMBER	<hr/>	
EMAIL ID	<hr/>	
CATEGORY	<hr/>	
PHYSICALLY HANDICAPPED	YES/NO <hr/>	
ENROLLMENT NUMBER	KU <hr/>	
EXAMINATION CENTRE	<hr/>	
PERMANENT ADDRESS	<hr/> <hr/> <hr/>	
MAILING ADDRESS	<hr/> <hr/> <hr/>	

SIGNATURE

DETAILS OF PREVIOUS SEMESTER -

Name of Examination	Board/University	Year Passed	Roll No.	Obtained/Max. Marks	Result/Division
SEM - I					
SEM - II					
SEM - III					
SEM - IV					
SEM - V					
SEM - VI					
SEM - VII					
SEM - VIII					
SEM - IX					
SEM - X					



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SUBJECT DETAILS -

SL. NO.	PAPER APPLIED FOR	PAPER CODE
1-		
2-		
3-		
4-		
5-		
6-		
7-		
8-		
9-		
10-		

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading, I am aware that I may be held liable for it and my application may be cancelled.

Date:

Place:

Signature of the Candidate