



KUMAUN UNIVERSITY, NAINITAL

कुमाऊँ विश्वविद्यालय, नैनीताल

OFFLINE EXAMINATION FORM

NAME OF CAMPUS/COLLEGE/INSTITUTE - _____

NAME OF EXAM - _____

COURSE NAME - _____ (Example - B. A./B. Sc./B. COM./M. A./M.Sc. M.Com./Professional Courses)

YEAR/SEMESTER - _____ (Example - First year/First Semester)

CANDIDATE TYPE - _____ {Private (for Annual mode)/Ex-student/ Regular}

ROLL NUMBER - _____

ENROLLMENT NUMBER- _____ (Leave Blank if not allotted)

NAME OF CANDIDATE- _____

FATHER'S NAME - _____

MOTHER'S NAME- _____

DATE OF BIRTH- _____ (DD/MM/YYYY)

EMAIL ID _____

MOBILE NUMBER - _____

GENDER _____ PHYSICALLY HANDICAPPED _____ (YES/NO)

DETAILS OF FEE SUBMITTED - _____

SUBJECTS APPEARING IN -

SUBJECT 1 - _____

SUBJECT 2 - _____

SUBJECT 3 - _____

SUBJECT 4 - _____

SUBJECT 5 - _____

SUBJECT 6 - _____

PASTE RECENT
PASSPORT SIZE
PHOTOGRAPH
HERE

**I, do hereby agree that the information given,
is true to the best of my knowledge.**

DATE : _____

CANDIDATE'S SIGNATURE

PLACE: _____

SEAL AND SIGNATURE OF DIRECTOR/PRINCIPAL