



KUMAUN UNIVERSITY NAINITAL
SPECIAL BACK PAPER (MA/M.Sc./M.COM.)
(EXAMINATION REGISTRATION FORM)

SUBJECT		PHOTOGRAPH
SEMESTER		
NAME OF STUDENT		
FATHER'S NAME		
MOTHER'S NAME		
DATE OF BIRTH		
MOBILE NUMBER		
EMAIL ID		
CATEGORY		
PHYSICALLY HANDICAPPED	YES/NO _____	
ENROLLMENT NUMBER	KU _____	
EXAMINATION CENTRE		
MAILING ADDRESS		

DETAILS OF SPECIAL BACK PAPER EXAMINATION-

Name of Examination	Subject	Year Passed	Roll No.	Obtained/Max. Marks
SEM - I				
SEM - II				
SEM - III				
SEM - IV				

SUBJECT DETAILS -

SL. NO.	PAPER APPLIED FOR	PAPER CODE
1-		
2-		
3-		

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