



CENTRAL UNIVERSITY OF ORISSA

उड़ीसा केन्द्रीय विश्वविद्यालय

APPLICATION FORM

Name of the Applicant (In Capital Letters) :
Programme :
Enrolment No :
Name of the department :
Name of the Examination (Please Tick) : **Supplementary/ Sp. Supplementary/ Improvement/ Repeat**
Semester :
Session :

List of course(s) :

Sl. No.	Course Code	Name of the course	Remarks (if any)
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			

Fee Details:

Total Amount : Rs.

Challan No/ Transaction No : _____ date _____

Signature of the Head of the Department

Signature of the Applicant

Date:

Date:

Instructions:

1. Examination fee Rs. 250/- per course
2. Last date of submission of the application: As may be notified by the Controller of Examinations from time to time.