ALAGAPPA UNIVERSITY,KARAIKUDI.
(Accredited with 'A' Grade by NAAC)
EXAMINATION SECTION (AFFILIATED COLLEGES)

Special Supplementary Examinations
Application Form

1 Name of the Candidate

2 Register No

3 Address for Communication

4 Examination last attended Degree Semester Month & Year

5. The code and title of the paper in which the candidate has failed and is willing to take up SSE

6. Particulars of Examination fees paid D. D. No Date:
Name of the Bank:
Amount: Rs.1,000/-

Note: 1. Enclose Xerox Copies of Mark Statements of previous semesters.

2. A self addressed envelope with Stamp value of Rs.5/-

Signature of the Candidate

Recommendation of the Principal

ssCertified that ---------- Reg. No ---------- Course ----------has failed in only one subject ---------(Code) and eligible to write the Special Supplementary Examination in ---------- 20 .

Signature of the Principal

For Office Use only

Certified that the particulars given by the candidate are correct and he is eligible to write the Special Supplementary Examination.

Controller of Examinations

ALAGAPPA UNIVERSITY, KARAIKUDI – 630 003
(Accredited with 'A' Grade by NAAC)
HALL TICKET
(To be filled in by the candidate)

Name of the candidate :

Course :

Reg. No :

Name of the College :

SUBJECTS APPEARING

Subject					
Code					

SIGNATURE OF THE CANDIDATE **CONTROLLER OF EXAMINATIONS**