Assam Skill University

…… EXAMINATION: 20……

(…… SEMESTER)

1. **Roll Number:** (As in Registration certificate)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. **Name of the Candidate**: (in BLOCK letters as per HSLC enrolment certificate)

First Name	*Middle Name*	*Last Name*

3. **Father's Name**: (in BLOCK letters only)

4. **Mother's Name**: (in BLOCK letters only)

5. **Address for Communication**:

_____

_____ Pin: _____

Contact Telephone. No. _____

6. **Caste** (✓): General ☐ ; SC ☐ ; ST (Plain) ☐ ; ST (Hills) ☐ **;** OBC/ MOBC ☐

7. **Sex** : Male ☐ ; Female ☐ ; Transgender ☐

8. **APAAR ID * (Mandatory) :** _____

9. **Paper to be apperaed in Examination *** All ☐ or For Back Candidates ☐

(i) _____ **(ii)** _____

(iii) _____ **(iv)** _____

10. **Examination Passed** : _____ (For Back Candidate)

(Marksheet of the Last Examination to be attached)

*(Name of the papers to be written clearly)

To,

The Controller of Examinations,
Assam Skill University,
Mangaldai, 784125

Sir,

I, hereby present myself as a candidate for the ……. ……...Examination 20..... of Assam Skill University.

If any of the statements made and particulars furnished in the application is found to be not true or if it appears that in the opinion of the University, I have contravened any of the provisions of the rules and regulations of the University relating to the ……examination, my admission to the examination will liable to be cancelled.

The fees shown hereunder are forwarded here with: -

Programme	Examination Fee	Total
	1000/-	1000/-

Yours obediently,

Date: (Full Signature of the candidate)

Certificate from the HoD / Dean Academics

I certify that the candidate named above is a duly enrolled student in ……programme, and that: -

1. He/ She has the required eligibility to appear in ……. Examination.
2. His/ Her conduct has been good.
3. He/ She has filled in the particulars himself/herself and put his/her signature in the application in my presence.
4. He/ She completed the minimum requirement of the continuous evaluation (Formative Assessment).
5. He/ She has attended the minimum classes in each subject as per university norms.
6. He/ She got back in paper (s) ……. (For Back Students) (photocopy of the marksheet to be attached)

Date: Seal
Accepted/ Not accepted

Signature
Controller of Examinations (HoD / Dean Academics)