CHALLENGE EXAM REGISTRATION FORM

Tick mark below (✔️)  DATE: ______________

CONDITION:
CREDIT TRANSFER □  FAILURE □
COURSE NOT OFFERED □ (if yes mentioned your last academic session) ____________

☐ B.COM  ☐ BBA  ☐ MBA  ☐ M.Phil  ☐ MS

STUDENT NAME: __________________________ I.D # ______________________

CELL # ________________________________

SUBJECT(s):
1) ________________________________
2) ________________________________
3) ________________________________
4) ________________________________
5) ________________________________

ACCOUNTS VERIFICATION: _______________________

( Fee will not be refundable & adjustable and fee slip considered as Admit Card on Examination Day)

EXAMINATION / REGISTRATION VERIFICATION: _______________________

Approved By: _______________________
Assistant Registrar / Controller of Examination

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Paper Checker: _______________________
Examination Date: ________________