

KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES

APPLICATION FOR REGISTRATION FOR THE SPECIAL SUPPLEMENTARY EXAMINATION

Note

1. Every column to be carefully filled in by the candidate.
2. Application received after the last date will be summarily rejected.

Affix a recent
Photograph

1	School/Department	
2	Name of Candidate in English (In Block Letters)	
3	Admission Number	
4	Permanent Address	
5	Address of communication with phone number and e- mail address, if any	
6	Course code and Title of the Course for which Special Supplementary Examination is required	
7	Details of fee remitted by the candidate (Original/Copy of the fee receipt to be attached with the application) @Rs. 2,000/- per paper	

DECLARATION

I hereby declare that the entries made above are correct to the best of my knowledge and that they have been made in my own handwriting.

Place:

Date:

Signature of Candidate

Recommendation of the Director of School

Recommended/Not Recommended

Date:

Signature of the Director

KERALA UNIVERSITY OF FISHERIES AND OCEAN STUDIES

(All entries to be made by the candidate)



Affix a recent
Photograph
attested by the
Director of
School

HALL TICKET

Name of the Candidate (in Block Letters)	
Admission Number	
Course code and Title of the Course	
Signature of the candidate	

For Office use only

Date:

(Office Seal)

CONTROLLER OF EXAMIANCTIONS