

JHARKHAND RAKSHA SHAKTI UNIVERSITY

(Established by State Government and recognized by UGC)
Meurs Road (SKIP A Premises), Ranchi 834008



Photo

EXAMINATION FORM

NAME OF EXAMINATION: PGC/MFS/PGDIS/PGDDM/BCACS/BFS/DPS/BBASM/CCPS

Semester:

Year:

To

The Controller of Examinations,
Jharkhand Raksha Shakti University
Ranchi

Sir,

I am a student of PGC/MFS/PGDIS/PGDDM/BCACS/BFS/DPS/BBASM/CCPS/ Semester.....
Session.....and wish to appear at the examination. Please grant me permission to
appear at this Examination.

Signature of the Examinee

PARTICULARS OF EXAMINEE

Name of the Examinee (Block Capital).....

Date of Birth:

DD

MM

YYYY

Father's Name:

Address:

Course: Class Roll No.

For PGC/MFS/PGDIS/PGDDM/BCACS/BFS/DPS/BBASM/CCPS

Registration No.

Examination Roll No.

BCACS/BFS/MFS: Core.....GE.....DSE PGC /MFS/PGDIS/PGDDM/BBASM/DPS/CCPS

Papers:.....

AECC.....DSE.....Others.....

DETAILS OF LAST EXAMINATION PASSED:

Board/University	Year	College/+2	Exam Roll No.	Subjects of Examination

PAPER-WISE DETAILS OF PREVIOUS EXAMINATION CONDUCTED BY JHARKHAND RAKSHA SHAKTI UNIVERSITY, IN WHICH THE CANDIDATE HAS FAILED, IF SO

Semester	Year	Course	Paper

FOR OFFICE USE ONLY

Examination Fee (Rs.).....

Late Fee (Rs.).....

Total Fee (Rs.).....

Verified and Forwarded
Head of the Department

I/C Accounts Section

Registrar