



# Gargai International University

## ONLINE ON DEMAND EXAMINATION FORM

(TO BE FILLED BY THE REGISTERED STUDENT IN CAPITAL LETTERS)

Registration Number:

Programme Code:

Programme Name:

Specialisation:

Name of the Student:

Father's Name:

Mother's Name:

Date of Birth:

Sex:

 Male  Female

ADDRESS FOR CORRESPONDENCE:

District \_\_\_\_\_ PIN Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

eMail ID \_\_\_\_\_

NAME OF THE CENTRE AT WHICH TO BE EXAMINED:

City:

State:

Examination Centre Code:

### PROPOSED EXAMINATION SCHEDULE

\*Note: Date of Examination must be selected as per the rules of On Demand Examination by the registered Student. Examination will be conducted only on working days.

Sr. No.	*Date of Exam	Subject Code	Subject (s)	Slot Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Available Time Slots: First Slot: 10:00 AM – 01:00 PM and Second Slot: 02:00 PM – 05:00 PM

EXAMINATION FEES DETAILS:

Amount:  DD No.:  Date:  Bank:

**DECLARATION:** All the information filled in this On Demand Examination Form are true, complete and correct to the best of my knowledge and belief. I have also gone through the syllabus and all the rules and regulations of the University regarding this examination. If any information found false in my examination form, I shall be held responsible for cancellation of my examination.

Date:

Signature of Student

FOR UNIVERSITY USE ONLY

Remarks, If any: \_\_\_\_\_

Whether Approved or Not? Yes  No

Signature of Verifier

Signature of Recommending Authority

Signature of Approving Authority