

## DEPARTMENT OF CONTROLLER OF EXAMINATIONS

No. CE-Sectt./UG-2014/85

April 9, 2014

From: The Controller of Examinations

The University of Burdwan.

To : All the Principlas/Teacher-in-Charge of all

affiliated colleges.

Sir/Madam,

Please find the attachments for filling in the Examinations Forms for B.A/B.Sc./B.Com. Part-I Honours & General Examinations 2014 for the candidates other than Roll Prefix14. You are requested to circulate these forms accordingly and submit duly filled-in forms to the office of the undersigned within 17<sup>th</sup> April, 2014 (without late fee) and 21<sup>st</sup> April 2014 (with late fee).

The examination form list for B.A./B.Sc./B.Com. Part-I Honours & General Examination, 2014 with Roll Prefix14 will be available from the office of the undersigned by the 1<sup>st</sup> week of May, 2014. The exact date will be notified shortly. The probable date of commencement of B.A./B.Sc./B.Com. Part-I Honours & General Examination, 2014 is 28<sup>th</sup> May, 2014.

Your co-operation is earnestly solicited.

Thanking you,

Yours faithfully,

Controller of Examinations



## THE UNIVERSITY OF BURDWAN EXAMINATION FORM

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The Controller of Examinations

\*Leave one box blank after each word.

\*\*Must be filled in.

The University of Burdwan		gh the	Princ	ipal, <u>US</u>		NLY P							•••••	•••••	•••••	•••••	·····•						
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*8. Name of the Student (in Block letters as in M.P or equiv. examination)																							
9. Name of Father																							
10. Name of Mother																							
11. Name of Spouse																							
12. Honours Subject  **(Use abbreviation of a	II subjec	ts)		ieneral	_					]	2 [ 2 [					]	3 [						
13. Permanent address in (in Block Letters)	full	P.S								D	ist.												
14. Date of Birth	(Acc	D cording	D g to A	dmit Ca	M rd /	M Pass	] [ Certi	Y		Y f M.P	Y c. or e	quiv	Y v. Exa	] am.)									
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Certified that he / she is eligible for the above said examination  (Signature with Office seal of the				Affix recent Passport						DECLARATION  I solemnly declare that if any of the statement in this application is found to be not true, or if it appears that, in the opinion of the University, I have in any way contravened the provisions of the University Ordinance, Regulations & Rules relating to the aforesaid examination, my admission to the examination will be liable to be cancelled by the University  Yours faithfully,													
Principal / TIC of the College) Date:										(5	Signat	ture	of th	e Stu	dent	t in fu	II)			]			

Date:



## THE UNIVERSITY OF BURDWAN EXAMINATION FORM

To The Controller of Examinations The University of Burdwan

\*Leave one box blank after each word.

\*\*Must be filled in.

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*8. Name of the Student (in Block letters as in M.P or equiv. examination)																			
9. Name of Father																			
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Certified that he / she is elig the above said examinat	size c with i	crecent Pas colour photo n the box v Seal & Sign	Regulations & Rules relating to the aforesaid examination, my admission to the examination will be liable to be cancelled by the University																
(Signature with Office seal of Principal / TIC of the College) Date:							(Si			s faith		nt in fu	ull)						

Date: