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\sim $_{\rm I}$	71/	•	•



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Email : info@agra.sharda.ac.in Contact No. : +91 562 7133225

OFFICE OF CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR SUPPLEMENTARY EXAMINATION (Back Paper/Backlog)

Name							
rianic	of the candidate				Date:		
(In Capital Letters)				Current			
					Semester		
	olment Number				Roll Numb	er	
Programme & Branch			School				
Mobile No.					Email Id		
		Back Paper/Bac	klog (Course De	tails		
S.No	Course	Course Nai	me		Semester	Theory	Result/
5.110	Code	Course nar				/Practical	Grade
1							
2							
3							
4							
5							
6							
Note:1.	. Maximum 6 cours	es can be registere	d per	form. Use	another fo	rm if more.	
2.	. In Result/Grade c	olumn, mention yo	our ea	rlier resul	lt (e.g., F/D	EB)".	
Declara	ation:						
I confir	m that the above d	etails are correct. I	unde	erstand tha	at the back	paper fee (₹	1000 per
′	is non-refundable ar	nd that incomplete a	applica	ations will	not be proce	essed.	
Date:							
Place:			1		Signa	ture of the A	
							Applicant
	Mentor/Class Coordinator						Applicant
	•	Verified Course Details					кррисапт
		DCtalls	Sign	ature of H	I.O. D	Signature o	
		Details	Sign	ature of I	I.O. D	Signature o	
		Payment Detail			•	Signature o	
Payme	ent Transaction No				•	Signature o	
Paymo	ent Transaction No				tion	of Account	f DEAN
	ent Transaction No ate of Payment				tion		f DEAN
			s: Acc	count Sect	tion	of Account	f DEAN
	ate of Payment	Payment Detail	s: Acc	count Sect	tion	of Account	f DEAN
		Payment Detail	s: Acc	count Sect	tion Signature	of Account	f DEAN
	ate of Payment	Payment Details FOR OFFICE	s: Acc	count Sect	Signature	of Account & Seal	f DEAN
	ate of Payment	Payment Details FOR OFFICE	s: Acc	count Sect	tion Signature	of Account & Seal	f DEAN