SHARDA UNIVERSITY AGRA

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OFFICE OF CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR ONLINE EXAMINATION

This form is to be used for seeking approval to appear in Continuous Assessment (CA), MSE, or ESE examinations through Flexible Online Mode due to approved Internship/Industry Project/Placement engagement.

Name of the candidate (In Capital Letters)		Date:	
		Current Semester	
Enrolment Number		Roll Number	
Programme & Branch		School	
Mobile No.		Email Id	

Internship / Placement Details

Field	Details
Type of Engagement	☐ Internship ☐ Industry Project ☐ Placement Drive ☐ Placement Offer Confirmed
Organization Name	
Organization Website	
Industry Mentor Details (If applicable)	
Industry Mentor Contact Number	
Duration (From – To)	
Location (City, Country)	
Reporting Supervisor / Mentor	
Official Mentor Email ID	
Official Mentor Contact Number	

Course Registration Details

S.No	Course Code	Course Name	Semester	Theory /Practical
1				
2				
3				
4				
5				
6				
7				
8				

9				
10				
11				
12				

Declaration:

I agree to abide by the Online Examination Guidelines, and I understand that any misuse of technology, impersonation, unauthorized assistance, or academic misconduct will be treated as a UFM violation under SUAUFMGRC guidelines.

Attachments Checklist

Required Attachments	Attached (Yes/No)
Internship/Placement Offer Letter	☐ Yes ☐ No
ERP Application Print (If submitted online)	☐ Yes ☐ No
Course Registration Copy	☐ Yes ☐ No
Placement Drive List if any	☐ Yes ☐ No

Date :

Place :   **Signature of the Applicant**

Faculty Mentor Recommendation	Signature	Remarks
☐ **Verified & Recommended**		
☐ **Not Recommended**		

I have Verified Course Details of the above-mentioned student.

Signature of H.O. D   **Signature of DEAN**

☐Approved/☐Not Approved
Dean Academics

FOR OFFICE USE ONLY

Application Received On		
Verified By (Name & Sign)		**Remarks (if any)**

Deputy Controller of Examinations   **Controller of Examinations**