INSTITUTE OF COMPUTER SCIENCE
VIKRAM UNIVERSITY, UJJAIN
Pre Information Details Regarding Exam Form Approval

Name: …………………………………………………Father's Name:……………………………………………….

Date of Birth : …………………………Mobile:…..………..………………Email:…………………………………...

Address: ………..

……….

Exam Semester /Session…………………………………………………………………………………......................

Exam Passed…………………………………………….. Last Exam Year…………………………………………………

Roll Number………………………………………………… Enrollment Number……………………………………………

Last Fees Submission Details……………………………………………………………………………………..

List of Semester Subjects:

1……

2……

3……

4…….

5…….

List of Enclousre:

1. Last Semester/Year Mark sheet

2. Last Fees Submitted Receipt

UNDERTAKING

I declare that all the documents/information submitted by me are correct if any information/ documents found incorrect, institute have rights to take legal action against me.

Date: ………………   **Student Signature**

(To be filled by Office Staff)

We declare that all the documents and information submitted by students are verify by us. We recommend to coordinators to permit the student for filling the Exam Form.

Mr. Neeraj Khatri   **Mr. Ramnaresh Yadav**

(To be filled by Admin Coordinator/ Academic Coordinator)

We verified that all the documents and information submitted by students for Exam Form.. We both recommend to Director to give the permission for opening the exam form link of the students

Dr. Lokesh Kumar Laddhani   **Dr. Bhupendra Kumar Pandya**

Admin Coordinator   **Academic Coordinator**

Director