## V.V.VANNIAPERUMAL COLLEGE FOR WOMEN



(Belonging to Virudhunagar Hindu Nadars)
An Autonomous Institution Affiliated to Madurai Kamaraj University, Madurai
Reaccredited with 'A++' Grade (4th Cycle) by NAAC

# VIRUDHUNAGAR

**Quality Education with Wisdom and Values** 

# APPLICATION FORM FOR ARREAR EXAMINATION - NOVEMBER/ APRIL 20 (FOR UG OUTGONE ARREAR STUDENTS)

1.	Progra	amme	:							
2.	Regist	er Number	:							
3.	3. Name of the Candidate (in English) :									
4.	_	nd Date of Bi tian era)	irth :	AGE D	AY MONTH YEAR					
5.	. Father's / Guardian's Name : Mobile No:									
6.	Addre	ess for Comn	nunication	:						
					Pincode:					
					Pincode:					
7.	Arrea	r Course Co	des for which	the candidate is a	Pincode:					
	Arrea nester	Part I / Core / I	des for which Part II / Elective /	the candidate is a  Course  Code						
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					
		Part I / Core / I	Part II /	Course	appearing now (November 20 / April 20					

## 9. Examination fee particulars:

Type of Papers	No. of Papers	Rate/ Paper	Amount
	'	₹	₹
Theory		130/-	
Part II Theory + Viva-voce		160/-	
Practical (3 hours)		190/-	
Practical (6 hours)		245/-	
Project / Viva Voce		140/-	
Registration of Application		35/-	
Computerized Mark Statement		135/-	
		Total	

#### **DECLARATION**

I declare that the particulars furnished above are true to the best of my knowledge and belief.

I do hereby further agree that any dispute arising between the Office of Controller of Examinations and myself relating to the examination to be held shall be resolved / decided by the Examination Committee of our college.

Station:

Date:

#### SIGNATURE OF THE CANDIDATE

Certified that the particulars furnished above by the candidate are correct. Certified also that the name of the candidate as given above tallies with the name found in the records of Office of Controller of Examinations.

#### **CONTROLLER OF EXAMINATIONS**

**PRINCIPAL** (with office seal)

## **INSTRUCTIONS TO THE CANDIDATES**

- 1) Commencement of Examinations in NOVEMBER / APRIL / Last date for remittance of fees and receipt of filled in applications will be intimated through **Post/ Website**.
- 2) Applications received without remittance of examination fees, received after the prescribed date and defective applications WILL BE summarily REJECTED.
- 3) The fees once paid will not be refunded or adjusted for subsequent examinations.

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