DDE Ref No.__________

EXAMINATION FORM

(This Examination Form duly filled in by the candidate IN BLOCK LETTERS must be attached with the Admission Form)

FOR CANDIDATES OF DISTANCE EDUCATION FOR THE SESSION 2017-18

Regn No. ___________________________ Roll No. ___________________________

(To be assigned by the University)

TO BE FILLED IN BY THE CANDIDATES BY HIS/HER OWN HANDS

1. Name of Examination: ___________________________ Part: ___________________________

2. Name of the Candidate (In English) ___________________________ (In Hindi) ___________________________

3. Father’s Name (In English) ___________________________ (In Hindi) ___________________________

4. Mother’s Name (In English) ___________________________ (In Hindi) ___________________________

D D M M Y Y Y

5. Date of Birth ___________________________ 6. Aadhar No. ___________________________

7. Examination Centre * 1. ___________________________ 2. ___________________________

(both should be different)

8. Address

(Name/Father’s Name may not be mentioned here)

Email ID ___________________________ Mob/Phone No. ___________________________


Marital Status: ___________________________ Residence Area Type: ___________________________

11. Subjects Offered: ___________________________ (only for BA Part-I)

In addition to English and Hindi/Sanskrit compulsory subjects, candidates shall offer two elective subjects choosing any one from the following groups

<table>
<thead>
<tr>
<th>Group-I</th>
<th>Group-II</th>
<th>Group-III</th>
<th>Group-IV</th>
<th>Group-V</th>
</tr>
</thead>
</table>

Note: Language offered as Compulsory subject shall not be offered as Elective subject.

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12. Medium ___________________________ Previous Roll No. ___________________________ Session of Last Examination ___________________________

13. Result ___________________________ Contd….2….

* List of Examination Centres

The provisional list of places of Examination centres where the students of Directorate of Distance Education may be allowed to take their examination is as under:

1. WITHIN THE JURISDICTION OF KURUKSHETRA UNIVERSITY (FOR UNDER-GRADUATE COURSES)

FOR POST GRADUATE COURSES: Ambala Cant/City, Jagadhari, Kalka, Karnal, Kaithal, Kurukshetra, Panipat, Panchkula, Yamuna Nagar, Hisar, Fatehabad, Sirsa, Jind, Mandi-Dabwali.
14. Details of all the examinations in which already appeared:

<table>
<thead>
<tr>
<th>Examination</th>
<th>Year/ Session</th>
<th>Roll No.</th>
<th>Board/ University</th>
<th>Subjects</th>
<th>Marks Obtained</th>
<th>Max. Marks</th>
<th>Result</th>
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</tbody>
</table>

15. Have you appeared in any other examination from this University or any other University simultaneously? Yes/No
If yes, write particulars of all such Examinations below.

<table>
<thead>
<tr>
<th>Name of Class</th>
<th>Board/University</th>
<th>Subject in which to appear</th>
<th>Full Subjects/Reappear/ Improvement/ Additional</th>
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</table>

16. Have you ever been disqualified in any exam, or any UMC registered against you, if yes, give details:
(i) Examination/Class:............................... (ii) Session:.............. (iii) Exam Roll No:....................
(iv) Punishment awarded:.......................................................... .............................................

17. Please write one sentence each in Hindi/English in your own handwriting:
In Hindi:..........................................................................................................................

In English:..........................................................................................................................

18. I solemnly declare and affirm that the particulars given above are correct and true to the best of my knowledge and nothing has been concealed therein. I am eligible for the Examination as per rules and regulations of the University. I have consulted Syllabus, Scheme, Eligibility conditions and have gone through general rules/ instructions of Kurukshetra University, Kurukshetra, before filling it and I undertake to abide by the same in all respects.

Dated:.................................
Place:.................................

Thumb Impression
Signature of the Candidate

ATTESTATION
(To be attested by the Directorate only)

(i) Certified that the candidate has passed the qualifying lower Examination............................. for the above mentioned class under Exam Roll No:.................. DDE Ref. No:.................. in April/Sept, 20............. and is eligible to appear in the said exam.

(ii) Certified that he/she was a bonafide student of this Directorate during the session.................. to..................

(iii) Particulars of the candidate and his/her photo are correct as per registration.

Dated:.................................
Place:.................................

Signature of attesting authority
With Office Seal

IMPORTANT NOTE: Incomplete Examination Form will not be entertained.

TO BE FILLED BY THE CANDIDATE

Address for Correspondence

Name of Class:..................DDE Ref. No:..................
Name:______________________________
Father’s Name:_______________________
Address:____________________________
Distt.:__________________ State________
Pin Code__________________ Mob.No.:____________

Permanent Address

Name of Class:..................DDE Ref. No:..................
Name:______________________________
Father’s Name:_______________________
Address:____________________________
Distt.:__________________ State________
Pin Code__________________ Mob.No.:____________
KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
FOR STUDENT
Roll No.-cum- Admit Card
April/May, 2018
Name of Exam: ................................................
K.U. Regn. No.: ..............................................
Name: ..........................................................
Father’s Name: Sh.............................................
College/Dept.: Directorate of Distance Education
Kurukshetra University, Kurukshetra
For office use only
Exam. Roll No.: ..............................................
Centre of Exam: ..............................................
Signature of Candidate: .....................................

Controller of Examinations
Note: This Admit Card is to be preserved by the candidate and shown on demand on any day of the examination.

KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
FOR CENTRE SUPRINTENDENT
Roll No.-cum- Admit Card
April/May, 2018
Name of Exam: ................................................
K.U. Regn. No.: ..............................................
Name: ..........................................................
Father’s Name: Sh.............................................
College/Dept.: Directorate of Distance Education
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Signature of Candidate: .....................................

Controller of Examinations