DR. A.P.J.ABDUL KALAM TECHNICAL UNIVERSITY, LUCKNOW
APPLICATION FORM
FOR SEMESTER CARRY OVER EXAMINATION FORM

Name of Institute : 085 S.D. College of Management Studies, Bhopa Road, Muzaffarnagar

Name of Students :

Father's Name :

Mother's Name :

Adhar Card No. (Attached Copy) :

Roll Number :

Semester:

Date of Birth :

Mobile Number :

Recent colored Photograph attested

Category :

Course/Branch : (Darken the corresponding Course/Branch)

1. MBA ◯	2. MCA ◯	3. MCA-LE ◯

Subjects of Carry Over Examination

Serial No.	Subject Code Alpha	Numeric	Serial No.	Subject Code Alpha	Numeric
1			3		
2			4		

(जिस विषय मे कैरी ओवर है, उस विषय की रिजल्ट की कापी फार्म के साथ लगाना अति आवष्यक है।)

Total Amount in Words _____

(Fees Rs.1000/-Per Subject)

(Signature of Student)

Certified by the Head of the Institute :

This is to certify that above mentioned student is a bonafide student of this College/Institute. All the entries in the Examination Form have been duly checked. This is to certify that he/she is eligible for the examination and that is why the form is being forwarded.

Principal
Seal