Sl.No:	Sl.No:	
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OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR BACKLOG COURSES

Student	t's Name	:	Register Number :					
Course		:	Branch/Specialization:					
Year		:	Section :					
S.No	Course Code	Name of the Course	Sem	Credit	STAFF ID	Signature from the Concern staff		
1.								
2.								
3.								
4.								
5.								
Forwar	ded by (the F	Faculty Advisor)		(5	Student's S	Signature with date) Signature of HoD		
		FOR OFFICE	USE ONI	L Y				
Approve	ed / Not Appro	ved						
Total N	Total No. of Courses: Exam Fee: Exam Fee:							
		Total Amt to be paid:						
AST DAT	E OF SUBM	IISSION:			Control	ler of Examination		

Note: Registration Amt: Rs. 3000 Per Course Exam Fees: Rs. 200 per Course