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OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR HONOURS COURSES						
Stude	nt's Name	: Register Number :			:	
Cours	e	: Branch/Specialization :			ation:	
Year		: S	ection		:	
S.No	Course Code	Name of the Course	Sem	Credit	Signature from the Concern staff	
1.						
2.						
3.						
4.						
5.						
Forwarded by (the Faculty Advisor) (Student's Signature with				t's Signature with date)		
					Signature of HoD	
FOR OFFICE USE ONLY						
Approved / Not Approved						
				Con	troller of Examination	