



KANYA MAHA VIDYALAYA (AUTONOMOUS), JALANDHAR

Supplementary Examination Form

Reappear Fee
 ✓ Upto two Courses Rs. 1100/-
 ✓ More than two Courses: Rs. 1900/-
 *Note: The given fee includes form charges also (Rs. 200/-)

Programme _____ Semester _____ Month _____ 20 _____

Last date/s of submission of the form completed in all respects along with the requisite fee:

Term	Without Late Fee	With Late Fee Rs. 250/-	With Late Fee Rs. 500/-	With Late Fee Rs. 1000/-	With Late Fee Rs. 2000/-
Dec. Examination	10 October	20 October	30 October	5 November	One week before commencement of Examination
May Examination	10 March	20 March	30 March	5 April	One week before commencement of Examination

(The form must be deposited with the prescribed fees within due date in the Examination Branch of Administrative Block)

FOR OFFICE USE

College Receipt No. _____

Date :- _____ Amount :- _____

Full Signature of cashier :- _____

FOR OFFICE USE

Diary No. _____ /KMV/Rev.

Date :- _____ 20 _____

ALL PARTICULARS TO BE FILLED IN NEATLY & LEGIBLY BY THE CANDIDATE

- Name (in block letters) _____
ਨਾਮ (ਪੰਜਾਬੀ ਵਿਚ) _____
- Father's Name (in block letters) _____
ਪਿਤਾ ਦਾ ਨਾਮ (ਪੰਜਾਬੀ ਵਿਚ) _____
- Mother's Name (in block letters) _____
ਮਾਤਾ ਦਾ ਨਾਮ (ਪੰਜਾਬੀ ਵਿਚ) _____
- Registration No. _____ Mobile No. _____



- Medium _____
- Caste (Tick) SC/BC/Gen _____
- Rural/Urban _____
- Handicapped (Yes/No) if yes, Give Percentage _____ (Attach Certificate)

9. Particulars of lower Examination

Name of Class	Year & Session	Semester	Examination Roll No.	Result	Present Class Roll No.

10. Date of declaration of the lower examination result _____

11. Details of courses in which the candidate is applying to reappear:

Course Title	Course Code	Option(if any)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

12. Whether appearing in any other examination simultaneously (Yes/NO). If, yes details of that examination:

Programme _____ Semester _____ Class Roll No. _____ Year _____

13. Indicate if any disqualification was incurred in any University / College Examination or if any enquiry is pending in case of alleged use of unfair means. Tick Yes/No, if yes Name of Examination _____ Year/Session _____

Roll No. _____ University/College _____

14. I _____ Daughter of _____ Age _____ Years _____ Resident of _____
 _____ Distt. _____ State _____ declare that the

information given above and in the documents enclosed herewith, is true to the best of my knowledge and belief and nothing has been concealed therein. I am aware of the fact that if, at any later stage, the said information is proved to be false, I shall be punished as per law and my admission will be summarily rejected or I may be expelled from the institution in which I got admission on the basis of false information.

Date _____

(Signature of the Candidate)

MERE SUBMISSION OF SUPPLEMENTARY EXAMINATION FORM ALONG WITH THE FEE WILL NOT ENTITLE THE CANDIDATE TO APPEAR IN THE EXAMINATION UNLESS SHE IS ELIGIBLE FOR THE SAME.

Principal