

Supplementary Form Kalinga University Raipur

Kotni, Near Mantralay, Naya Raipur – 492001, Chhattisgarh

Mob – 9303097043, E-mail id: registrar@kalingauniversity.ac.in Website: www.kalingauniversity.ac.in

The form should be complete in all respects and to be filled by student in English CAPITAL letters in blue/black ink.

Last Exam Roll No:

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Enrollment No:

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Course:

Year:

Examination Session: July - June

Name of the Candidate:

Father's Name:

Mother's Name:

Address:

Pin Code. Mobile No: E-mail Id.....

SUBJECT / PAPER CODE OPTED FOR SUPPLEMENTARY

Sr No	Course Code	Subject Name	Subject Code	1st Attempt		2nd Attempt		3rd Attempt	
				Roll No.	Obtn. Marks	Roll No.	Obtn. Marks	Roll No.	Obtn. Marks
1									
2									
3									
4									
5									
6									

By Cash/ Cheque /Draft No.

Date Drawn on

..... Signature of Candidate

Signature of Verifying Officer

(With date)

Note: 1. Application forms along with copy of receipt of Supplementary fee to be submitted to the Exam Department.

For official use at University

Date of receipt of Application in Exam Department: