

Last Date: 03.11.2017

Registration No.

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# St. PETER'S UNIVERSITY

St. Peter's Institute of Higher Education and Research  
(Declared under section 3 of the UGC Act 1956)

Avadi, Chennai – 600 054.

**END ASSESSMENT, NOVEMBER / DECEMBER -2017**

**B.A. / B.Com. / B.Sc. / B.B.A. / B.C.A.**

(On -Campus Programme)

(2016-17 Batch)

PHOTO

## EXAMINATION APPLICATION FORM

Branch: \_\_\_\_\_

1. Name in BLOCK LETTERS : \_\_\_\_\_  
(as in the certificate in English)

2. Gender : Male/Female

3. Date of Birth : \_\_\_\_\_

4. Nationality : \_\_\_\_\_

5. Community : BC / MBC / SC / ST / Others

6. Father's Name : \_\_\_\_\_

7. Mother's Name : \_\_\_\_\_

8. Blood Group : \_\_\_\_\_

9. Aadhaar No : \_\_\_\_\_

10. (a) Present Address with pin code : \_\_\_\_\_  
(in BLOCK LETTERS)

PIN: \_\_\_\_\_

(b) Permanent Address with pin code : \_\_\_\_\_  
(in BLOCK LETTERS)

PIN: \_\_\_\_\_

(c) Telephone No. : \_\_\_\_\_

P.T.O

11. Particulars of Educational qualification:

Qualifications	Board/College/ University	Month and year of passing	Reg. No.	Average marks /Class

**Note:** Copies of the certificates and Transfer Certificate are to be enclosed.

12. (a) No. of papers in the End Assessment :

Semester	No. of Papers	
	Theory	Practical
All the Papers in III Semester		
Arrear Papers in II Semester		
Arrear Papers in I Semester		

(b) Total amount of End Assessment Fee:

	Amount (Rs.)
II Semester (Arrear)*	
I Semester (Arrear)*	
<b>Total</b>	

(c) Date of Payment of Arrear Examination:  
(Enclose a copy of the challan)

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13. Whether II year Tuition fee is paid.                      Yes / No  
(If yes, enclose a copy of the challan)

I certify that all the above particulars given by me are correct.

Date:

Signature of the Student

<i>S.No.</i>	<i>Particulars of Fee</i>	<i>Name of the Programme</i>
		<i>UG (Rs.)</i>
1.	<i>Cost of Application</i>	<b>30</b>
2.	<i>Statement of Marks</i>	<b>50</b>
3.	<i>Theory (Per Subject)</i>	<b>100</b>
4.	<i>Practical (Per Subject)</i>	<b>150</b>
5.	<i>project</i>	<b>250</b>

**SIGNATURE OF HOD (With Seal)**

Note: The filled-in application is to be submitted to the Controller of Examination through the HOD concerned.