



ATKT/Supplementary Form ISBM UNIVERSITY

Village Nawapara (Kosmi) Tehsil – Chhura, District – Gariyaband, Chhattisgarh

Mob- +91 9109333333 ,E-mail id: info@isbmuniversity.edu.in, Website: www.isbmuniversity.edu.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:

Semester/Year:

Examination Session: July - December January - June 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 ATKT/Supplementary

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

Declaration: I do undertake that the fact given above is true to the best of my knowledge. I am herewith submitting the fee prescribed for ATKT/Supplementary examination.

By Cash/ Cheque /Draft No.

Date Drawn on

Signature of Candidate
Date:-

Signature of Verifying Officer
(With date)

Note: Application forms along with copy of receipt of ATKT/supplementary fee to be submitted to the Exam Department.

For official use at University

Date of receipt of Application in Exam Department: