

JAI NARAIN VYAS UNIVERSITY, JODHPUR

FORM OF APPLICATION FOR CARRYING OVER THE EXAMINATION FEES

(This application must reach the office of Registrar (Exams.) direct within one month from the date of commencement of the examination at which the candidate was registered)

1. Name of the candidate
(In block letters) _____
2. Father's Name _____
3. Name of examination at which he/she could not appear
(for postgraduate examination, Name of the subject as also previous/final must be mentioned) _____
4. Date of the commencement of the examination at which registered _____
5. Roll number allotted for the above examination _____
6. (a) Name of Faculty/Institution from which registered _____
(b) Place of residence (in case of private candidates) _____
7. Name of examination centre _____
8. For which examination the fee is desired to be carried over ? _____

Postal address at which the candidate desires the decision of the University to be communicated

Signature of the candidate in full (with date)

MEDICAL CERTIFICATE

I certify that Mr./Mrs /Miss _____
 is/was suffering from (disease) _____
 from _____ to _____ and is/was under my treatment. He/She is/was advised
 complete rest for _____ day(s) i.e. from _____ to _____

Signature of Physician (with date)

Designation _____
 Registration No. _____
 Full postal address _____

Dated _____ 200 .

- Note :** 1. In the case of a candidate who could not appear at the examination for reasons other than illness, some documentary proof must be attached to this application to corroborate his/her statement.
 2. If all the required particulars, as above, are not given by the applicant/Physician the application form is liable to be rejected.

FOR USE IN THE OFFICE OF REGISTRAR (EXAMS.)

JKVUP 216-2-02-2,000

1. Date on which the application received in the Examination Section _____
2. Application registered/entered in the receipt Register at Serial No. _____

(This application must reach the office of Registrar (Exams.) direct within one month from the date of commencement of the examination at which the candidate was registered)

Initials of receipt clerk (with date)

- A. Amount deposited Rs. _____ only.
- B. Receipt No. _____ dated _____ (under which the amount was deposited by the candidate)
- C. The application scrutinized under the provisions of Ordinance Number 90 and found in order.
- D. The fee may be carried over as per rules (1/4 of the amount to be deducted if practicals are also involved).
- E. The following discrepancy has been detected and therefore the case is fit only to be rejected.

1. Name of examination centre

2. Roll number allotted for the above examination

3. Name of Faculty/Institution from which registered

4. Place of residence (in case of private candidates)

5. For which examination the fee is desired to be carried over?

6. Postal address at which the candidate desires the decision of the University to be communicated

Signature of the candidate in full (with date)

MEDICAL CERTIFICATE

I certify that Mr./Miss _____

is/has suffering from _____

from _____ to _____

and is/was under my treatment. He/She was advised _____

Signature of Physician (with date)

Reply sent, under Letter/Memo No. _____ Dated _____

Registration No. _____

Full postal address _____

_____ Dated _____

Note: 1. In the case of a candidate who could not appear at the examination for reasons other than illness, some documentary proof must be attached to this application to corroborate his/her statement.

2. As above, are not given by the applicant/Physician the application form is liable to be rejected.

Signature of the Despatch Clerk