

Application for Semester I/II/III/IV/V/VI ATKT EXTERNAL EXAM

			Date	:/		
Name	Of the Candidate:					
Mobile No:		_ Email ld:				
Course		Year : FY SY TY DIV:				
RollNo:		_Last Appeared Exam Year /Month:				
Studer	nt Type: Regular: 🗌 Drop	Stude	nt: Ex Stu	dent:		
<u>Details</u>	for the Appearing Semester:					
Semes	ter:	_				
Sr No	•		Internal Marks	External Marks		
1			Widiks	ividiks		

Sr No	Name of Subject	Internal Marks	External Marks
1		IVIGINS	IVIGINS
2			
3			
4			
5			
6		-	
7			

Please note: 1. Attach photocopy of the recent Mark-sheet

2. Fill ATKT Exam forms Semester-wise

Signature of the Student