

AMRITA ISHWA VIDYAPEETHAM

(Declared as a Deemed University by Govt. of India under Section 3 of UGC Act, 1956)

Office of the Deputy Controller of Examinations

Campus: Amritapuri

PO Amritapuri, Vallikavu, Clappana, Dist. Kollam, Kerala 690525

APPLICATION FOR WRITING EXAMINATION AT ANOTHER CAMPUS

Part – 'A'			To be filled by students	
Name of the student				
Roll No.				
Current Semester				
Campus requested to write exam				
Reason				
Signature of student with date				
Details of Examinations with Date				
Date & Session of Examination	Course Code		Course Name	
Part – 'B'		To be fil	lled by the Concerning Authority	
Concerning Authority's forwarding remarks along with the Advisor:				
Signature of Advisor with date				
Signature of Authority with date				
Forwarded by: (Name and Designation)				
Authority: Physical Education Dept. / CIR Dept. / Head of the Department				
Remarks				
Part – 'C'		Remark	s of Deputy Controller of Examinations	
Approved / Not Approved				
If approved, intimation date				