

## **SIKKIM GLOBAL TECHNICAL UNIVERSITY**

Established - Under Section (2f) UGC State Govt. Private University

	EXAMI	EXAMINATION FORM			
Student Name (in Capital	Letters):				Affix your recent
Father's Name (in Capital Letters):					,
Mother's Name (in Capita	al Letters):				
Course Name:		Specializatio	n:		
Enrollment No.:	\	$\sim / \sim$			
Session:		Semester/ Ye	ar:	•••••	
Date of Birth: Category:		Gender:			
Phone No.:	E-mail:		Aadhaar	r	
	Subject Name	S.No. Subject		Subject	
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	SIBLE			47	
Bank Draft/University Rece					
(Bank Draft should be draw			NIVERSITY, p	o <mark>ayab</mark> le at Sik	kim)
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I hereby declare that all the Date:	a information given above	are true to the be	st of my kno	wiedge.	
Place:				Signature	of the Candidate-
	CERTIFICATE BY T	HE RESPECTIVE H	OD/DEAN	0.8	or the canalage
This is to certify that			-	University e	xamination for the
above mentioned course/p		- ,	· · ·	•	
				Sign	ature of HOD/ Dea
This is to certify that the st	udent has cleared his/ her	financial dues for	the current	semester/ ye	ear.

Signature of Head Accounts