



SIKKIM SARDAR PATEL UNIVERSITY, NAMCHI, SOUTH SIKKIM, INDIA

(Established and approved by the State Legislature of Government of Sikkim by Act 14 of 2023)

EXAMINATION APPLICATION FORM **(For Semester-End Examinations)**

Name: _____

Enrollment No.: _____

Programme: _____

Semester: _____ Session: _____ Mobile: _____

Email: _____ DOB: _____

Courses Applied For

Course Code	Course Name	Regular/Reappear

Fee Details

Total Exam Fee Paid (₹): _____ Receipt / Transaction No.: _____

Date: _____

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I have fulfilled the attendance requirements and agree to abide by all rules and regulations of the University regarding examinations.

Student Signature: _____ Date: _____

Exam Branch (Office Use)

Checked & Approved: _____ Date: _____